

Employer Portal User Guide

2024



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Welcome!

Welcome to the Employer Portal User Guide, a tool you can use to quickly navigate the secure Employer Portal website for more efficient and accurate support and management of your group.

This manual also explains the many ways to use the website and maximize its functionality to strengthen your ability to support your employees.

Once you register and create an account, you can easily access information for your employer group.

We're confident this Employer Portal User Guide will act as a helpful reference you can turn to again and again for successful group management!

System Requirements

Access the secure employer website using Microsoft Edge, Firefox and/or Google Chrome. Each browser should be updated to the most recent version available for optimal performance.

The portal is designed to be mobile-responsive and thus available to use on a mobile device such as a phone or tablet.



Overview of the Employer Portal

Introduction

Overview

- Employer Portal is a web-based tool that Employer Groups use to manage their enrollments and billing. Membership reps will use the internal Support Portal to provide assistance to Employer Groups that use The Employer Portal and to view transactions processed within Employer Portal. The Employer tools are available via Healthnet.com.

This module provides an overview and instruction for navigating within the Employer Portal.

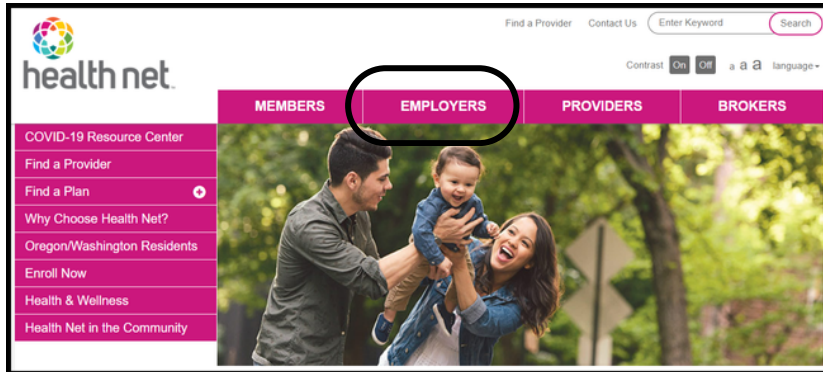
Employer Portal provides the following benefits:

- Employer groups can view and pay their bill on-line, and process eligibility transactions.
- Provides self-service capabilities to our clients.
- Employer groups can delegate administrative functions to brokers.
- Increase in the number of transactions processed by the Paperless Enrollment System.

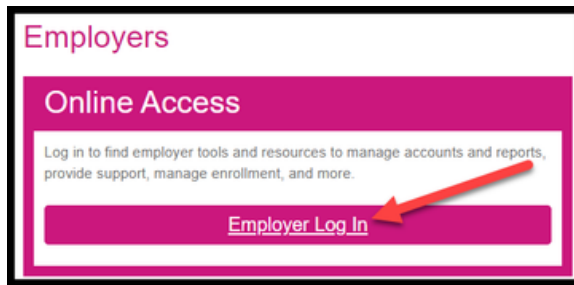
Access the Employer Portal

Log In to the Employer Portal

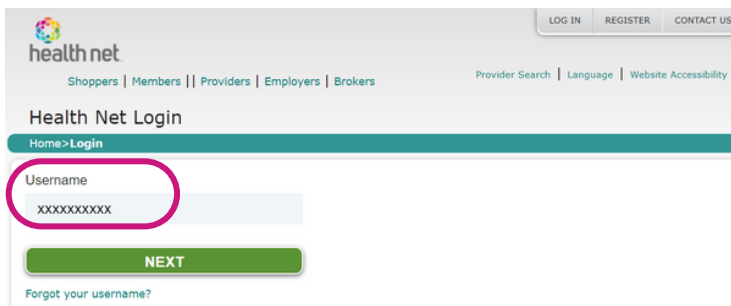
- To access the Employer Portal:
 - Type the following address in the web browser to go to the home page: <https://www.healthnet.com>
 - Click on the 'Employers' tab



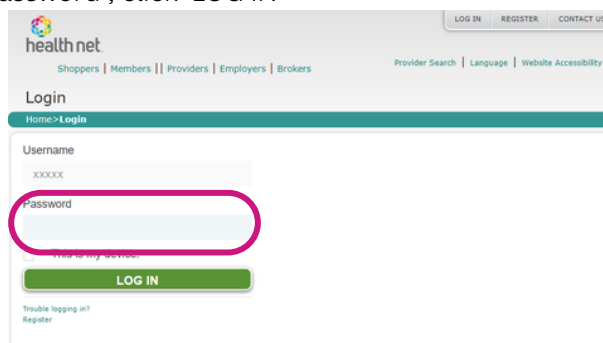
- In the Online Access Box, click 'Employer Log In'



- Type 'Username', click 'next'



- Enter 'password', click 'LOG IN'



Access the Employer Portal

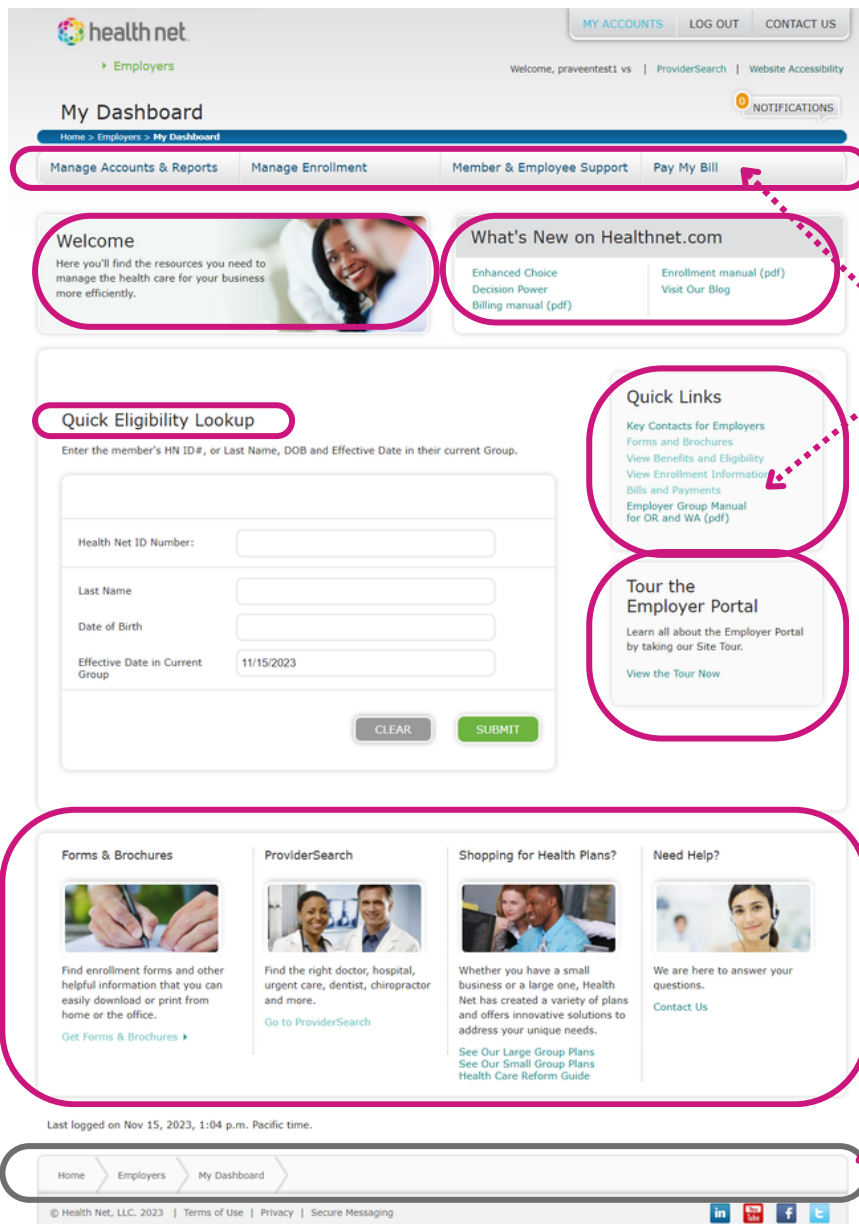
Log In to the Employer Portal (continued)

- Once signed in, you will be directed to the 'My Dashboard' home screen.
 - Sections on the Dashboard:
 - Functionality Tabs across the top
 - Welcome
 - What's New on Healthnet.com
 - Quick Eligibility Lookup
 - Quick Links
 - Tour the Employer Portal
 - Banner of other Quick Links
 - Navigation path - shown at the bottom of the page which will be visible throughout the guide to facilitate navigation.

Navigation Bar locations

There are two locations on each page that will reflect the current navigation path:

- At the top of the page (under 'My Dashboard')
- At the bottom of the page

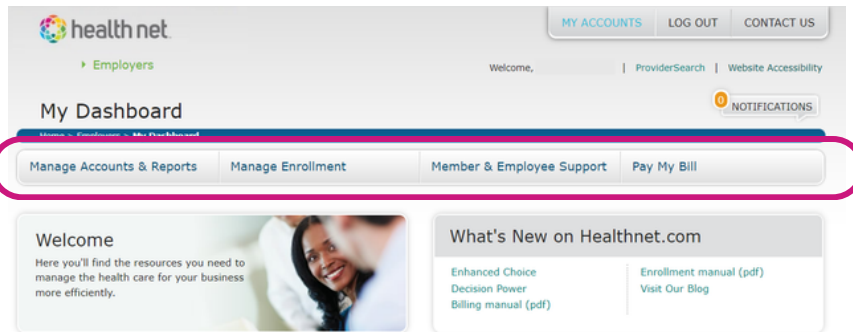


! You can use the quick hyperlinks provided on each page, OR clicking on the individual sub-tabs located on the page banners.

! These navigation bars will be shown alongside topic headings to facilitate navigation.

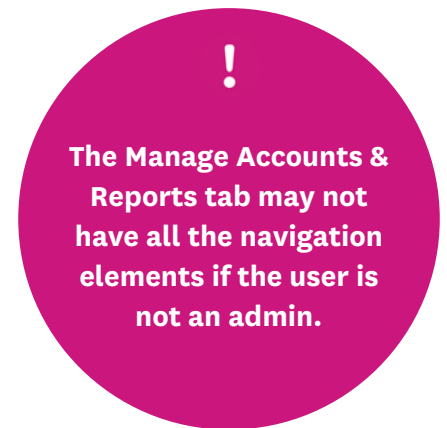
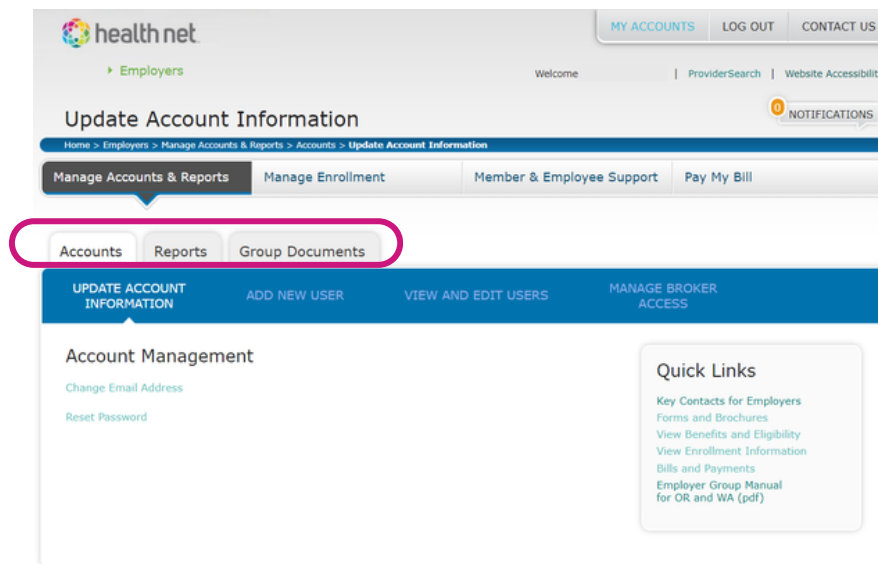
My Dashboard

- From the Banner Tabs across the top, you can navigate to the following sub tabs, from left to right:
 - Manage Accounts & Reports
 - Manage Enrollment
 - Member & Employee Support
 - Pay My Bill



Manage Accounts & Reports

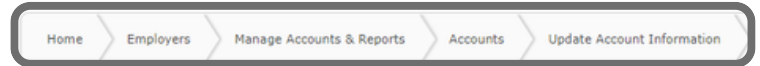
- Under this section there are 3 folder choices:
 - Accounts
 - Reports
 - Group Documents



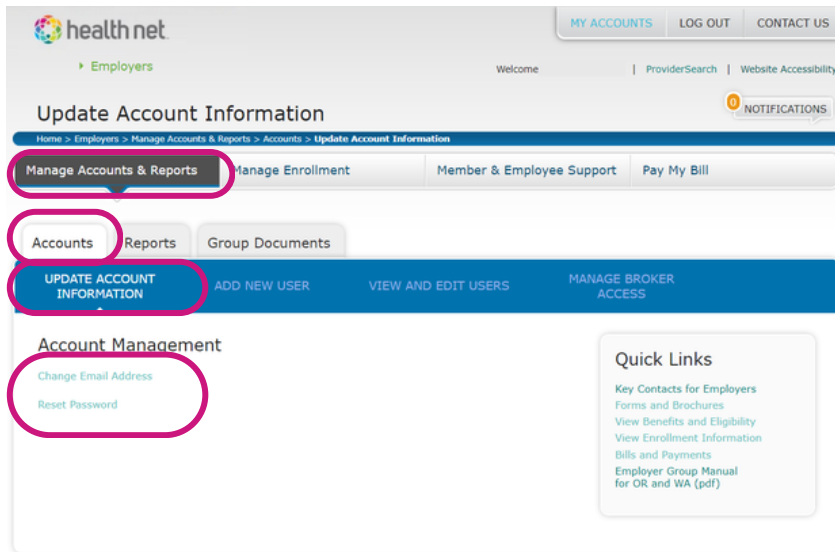
Manage Accounts & Reports

Accounts

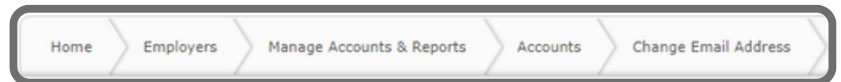
Update Account Information



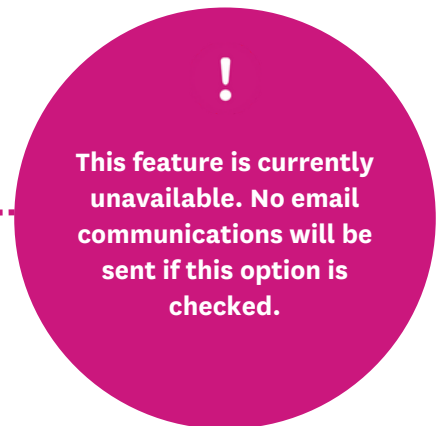
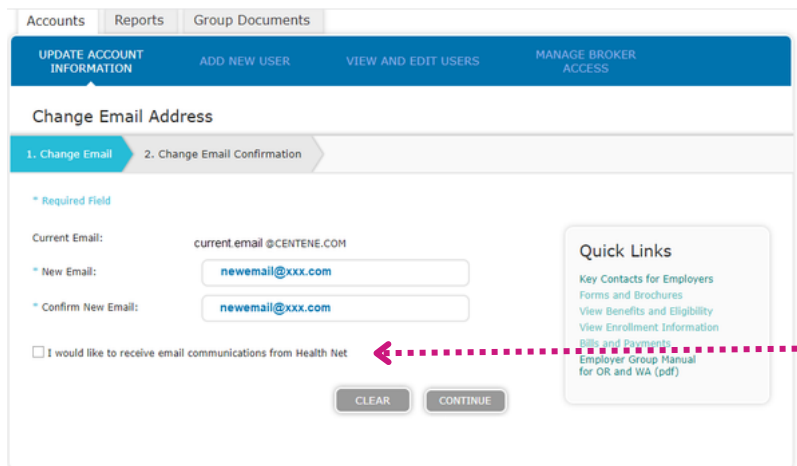
- When the 'Manage Accounts & Reports' tab is selected, it will automatically open to:
 - Accounts > Update Account Information, where there are 2 options:
 - Change Email Address
 - Reset Password



Change Email Address:



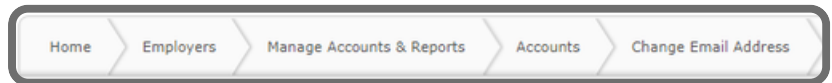
- Click on "Change Email Address" hyperlink, the following screen will open.



Manage Accounts & Reports

Accounts

Change Email Address: (continued)



- Click on “Change Email Address” hyperlink, the following screen will open. The account’s current email will be displayed next to “Current Email”
 - Enter the new email
 - Confirm New email
 - Optional – Click the checkbox to receive email communications from Health Net
 - Click Continue

Accounts Reports Group Documents

UPDATE ACCOUNT INFORMATION ADD NEW USER VIEW AND EDIT USERS MANAGE BROKER ACCESS

Change Email Address

1. Change Email 2. Change Email Confirmation

* Required Field

Current Email: current.email@CENTENE.COM

* New Email: newemail@xxx.com

* Confirm New Email: newemail@xxx.com

I would like to receive email communications from Health Net

CLEAR CONTINUE

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

Change Email Confirmation

Accounts Reports Group Documents

UPDATE ACCOUNT INFORMATION ADD NEW USER VIEW AND EDIT USERS MANAGE BROKER ACCESS

Change Email Address

1. Change Email 2. Change Email Confirmation

* Required Field

Current Email: current.email@CENTENE.COM

* New Email: newemail@xxx.com

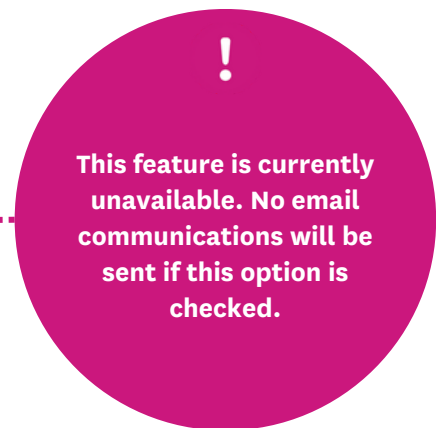
* Confirm New Email: newemail@xxx.com

I would like to receive email communications from Health Net

CLEAR CONTINUE

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

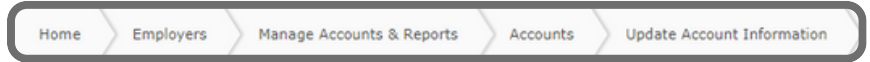


- - Enter new Email
 - Confirm new Email

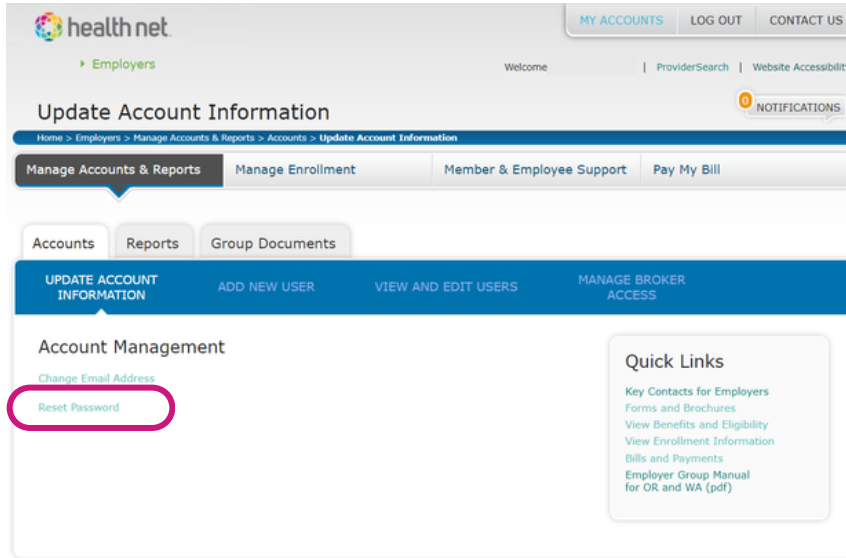
Manage Accounts & Reports

Accounts

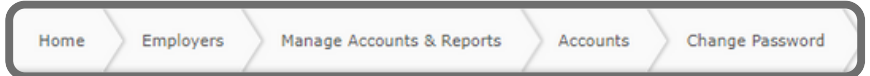
Update Account Information



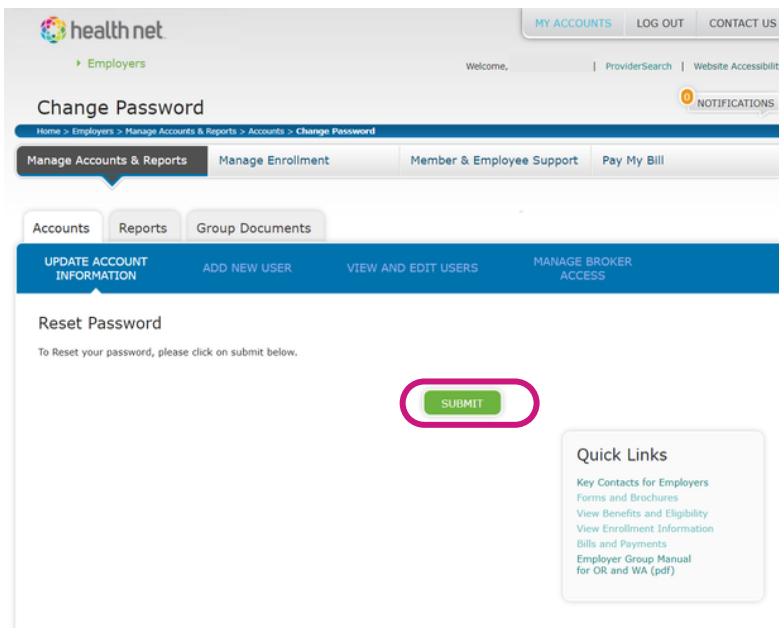
- From the Update Account Information screen, click on 'Reset Password'



Change Password



- The Change Password screen will open
 - Click "Submit" to begin the Reset Password Function

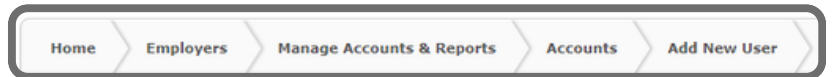


!
If you are experiencing issues with Resetting your Password, reach out to your Sales Rep and they can submit an incident report on your behalf.

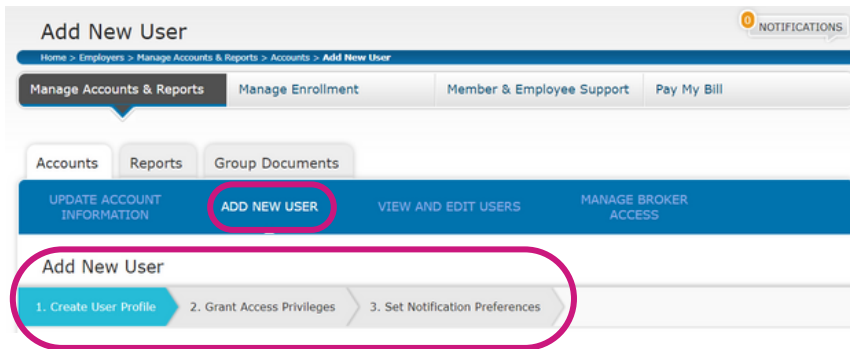
Manage Accounts & Reports

Accounts

Add New User



- From the Accounts tab, click on 'Add New User'
- There are 3 steps to complete when adding a new User:
1. Create User Profile
 2. Grant Access Privileges (Billing & Portal Functions)
 3. Set Notification Preferences (Billing & Enrollment Notifications)



1. Create User Profile

- Enter requested information.
- Click 'Next'

Client: 000141xxx - <Client Name>
Primary Client Administrator:
Secondary Client Administrator: <Client Administrator Name>

Instructions
Create a new user profile by entering the details below. When you are finished, click "Next" at the bottom of the page. **NOTE:** You can change these settings later.

* Required Field

* First Name: <First Name>
* Last Name: <Last Name>
* User Name: <User Name>
* Email Address: <Email Address>
* Confirm Email Address: <Email Address>
Phone Number: <Phone Number>

Designate this user as the Secondary Client Administrator

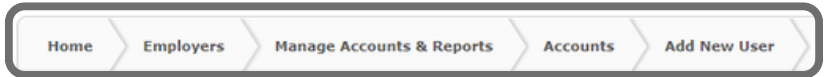
Only one Secondary Client Administrator may exist at a time. The Secondary Client Administrator has the same access privileges and preferences as the Primary Client Administrator, so steps 2 and 3 will be omitted in adding this new user.

Quick Links
[Key Contacts for Employers](#)
[Forms and Brochures](#)
[View Benefits and Eligibility](#)
[View Enrollment Information](#)
[Bills and Payments](#)
[Employer Group Manual for OR and WA \(pdf\)](#)

NEXT

Manage Accounts & Reports Accounts

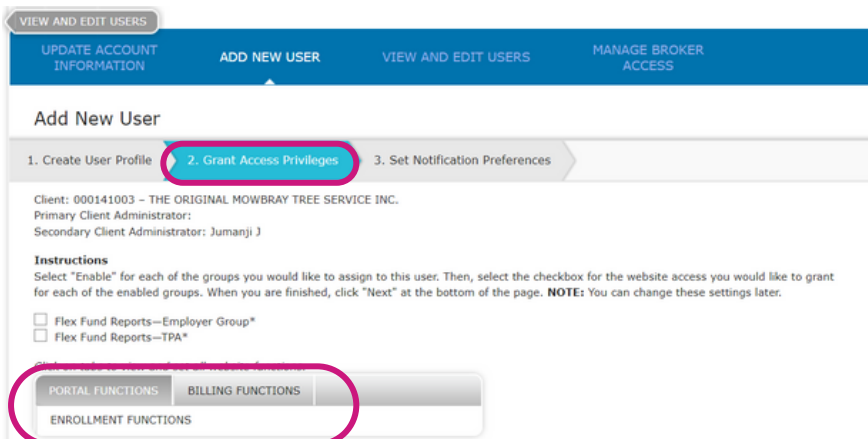
Add New User (continued)



2. Grant Access Privileges

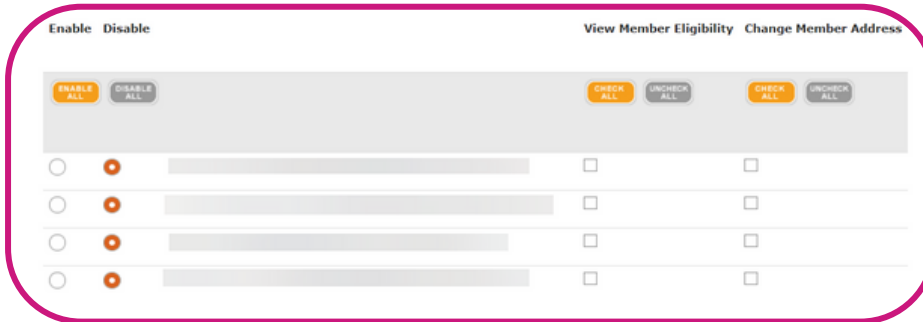
There are 3 tabs that must be completed in this step:

- o **Portal Functions**
- o **Billing Functions**
- o **Enrollment Functions**



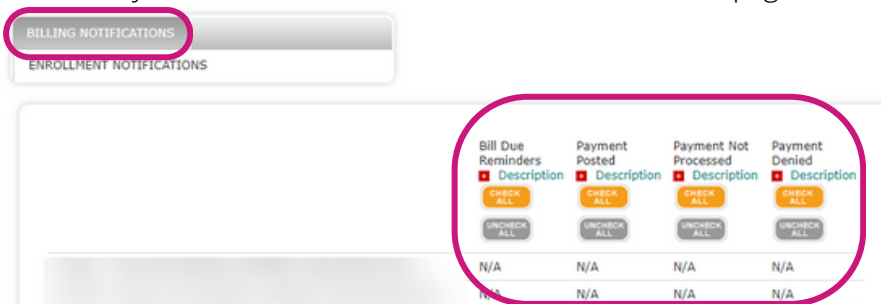
Grant Access Privileges -> Portal Functions

- Select “enable” for each of the groups you would like to assign to this user.
- Then select the checkbox for the website access you would like to grant for each of the enabled groups
- When finished, click ‘Next’



Grant Access Privileges -> Billing Notifications

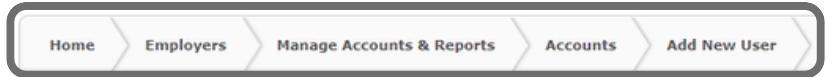
- Set notification preferences for each group by selecting the checkbox for the email notifications you would like this user to receive.
- When you are finished, click ‘Save’ at the bottom of the page



Manage Accounts & Reports

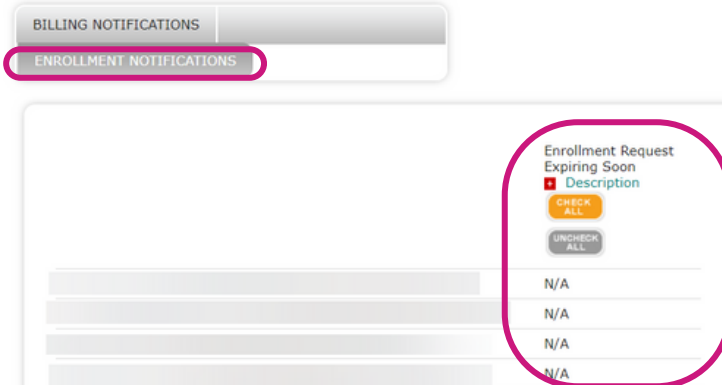
Accounts

Add New User (continued)

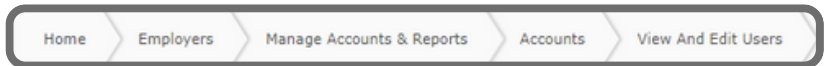


3. Grant Access Privileges -> Enrollment Notifications

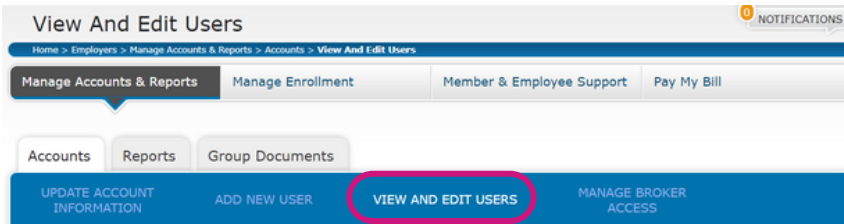
- Set notification preferences for each group by selecting the checkbox for the email notification you would like the user to receive.
- When you are finished, click 'Save' at the bottom of the page



View And Edit Users

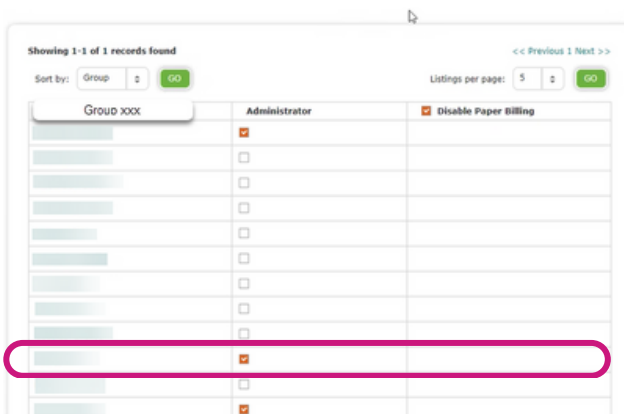


- This page is a summary of all your groups and users with access privileges (sorted by group)



Click on a user's name to:

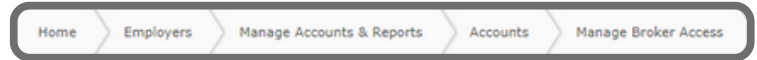
- View & Edit a user's Profile, Access Privileges and Notifications
- Lock and unlock account access
- Promote a user to Secondary Client Administrator (by editing the user's profile)
- Promote a user to Group Administrator



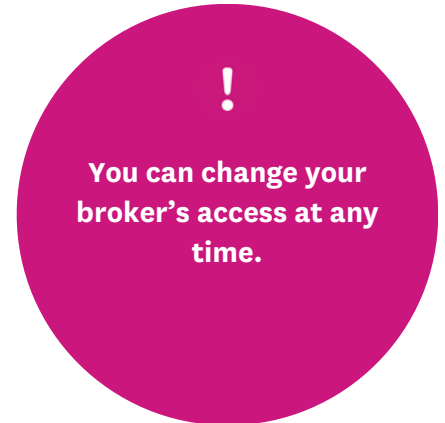
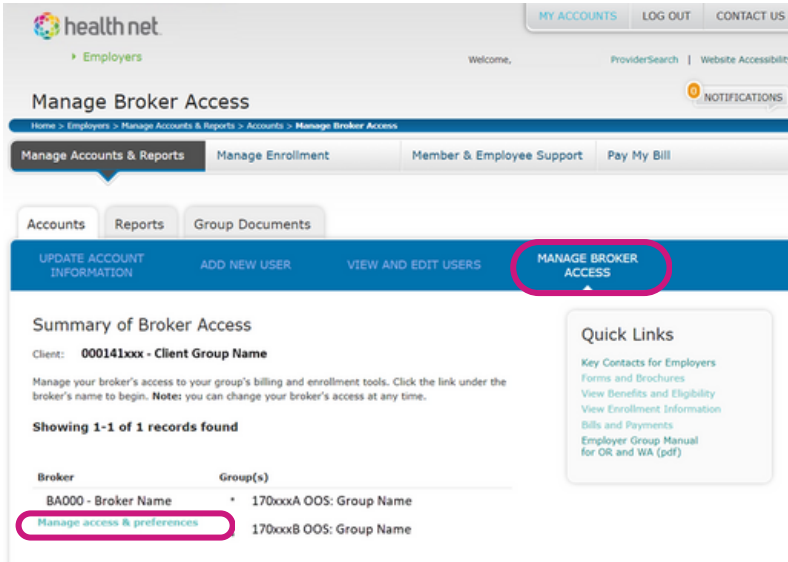
Manage Accounts & Reports

Accounts

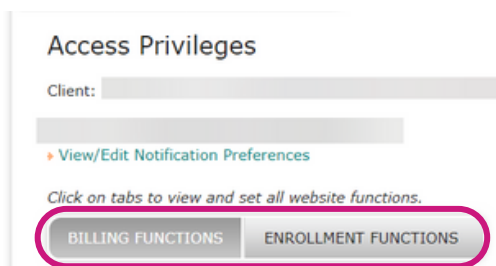
Manage Broker Access



- Summary of Broker Access
 - Manage your broker's access to your group's billing and enrollment tools.
 - Click the hyperlink under the broker's name to begin



- This is where the group would designate what access the broker will have for :
 - Billing functions
 - Brokers only have access to view enrollment only. Group suffix level only.



- If they want to transact, edit, payments, etc. they have to be given access at the group level.
 - The group is the only one to grant this access.
 - Changes are real time. The group must maintain the access to the new groups, etc.

Manage Accounts & Reports

Accounts

Manage Broker Access (continued)

- To change access privileges, click 'Edit' at the bottom of the page

RETURN TO BROKER ACCESS SUMMARY

Access Privileges

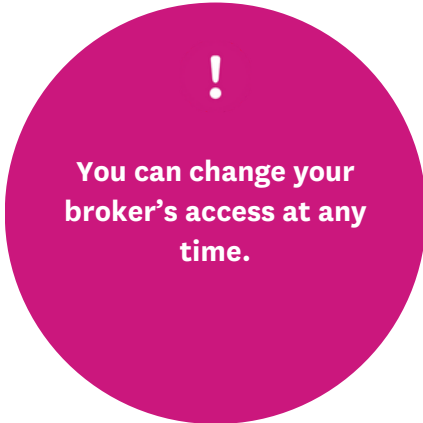
Client: 000141xxx - Client Name
 BAxxx - Broker Name
[View/Edit Notification Preferences](#)

Click on tabs to view and set all website functions.

BILLING FUNCTIONS ENROLLMENT FUNCTIONS

	View Enrollment	Perform Enrollment	Enrollment Notifications
170xxA - Group Name	<input checked="" type="checkbox"/>		
170xxB - Group Name	<input checked="" type="checkbox"/>		
171xxA - Group Name	<input checked="" type="checkbox"/>		
171xxB - Group Name	<input checked="" type="checkbox"/>		

EDIT



- Check or uncheck boxes to give the desired functionality

BILLING FUNCTIONS ENROLLMENT FUNCTIONS

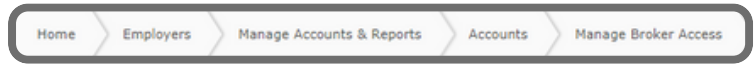
	View Bills CHECK ALL UNCHECK ALL	Pay Bills CHECK ALL UNCHECK ALL	Billing Notifications CHECK ALL UNCHECK ALL
170xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
170xxB - Group Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
171xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
171xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
172xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CANCEL SAVE

Manage Accounts & Reports

Accounts

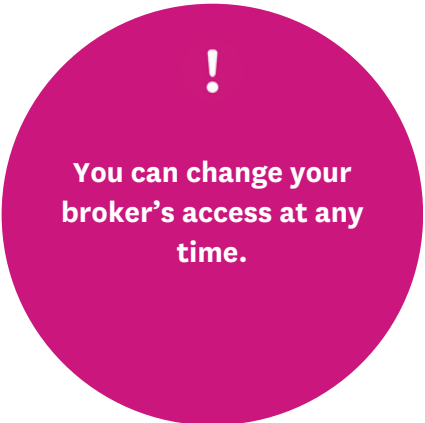
Manage Broker Access (continued)



- To view Enrollment privileges, click 'Edit' at the bottom of the page

Click on tabs to view and set all website functions.

BILLING FUNCTIONS		ENROLLMENT FUNCTIONS		
	View Enrollment	Perform Enrollment	Enrollment Notifications	
170xxA - Group Name	✓			
170xxB - Group Name	✓			
171xxA - Group Name	✓			
171xxB - Group Name	✓			



- The following viewing screen will open.

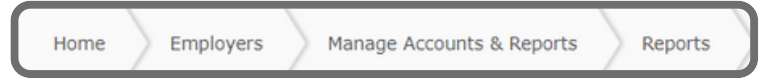
Click on tabs to view and set all website functions.

BILLING FUNCTIONS		ENROLLMENT FUNCTIONS		
	View Enrollment	Perform Enrollment	Enrollment Notifications	
170xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	
170xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	
171xxA - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	
171xxB - Group Name	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	<input type="checkbox"/> <input type="button" value="CHECK ALL"/> <input type="button" value="UNCHECK ALL"/>	

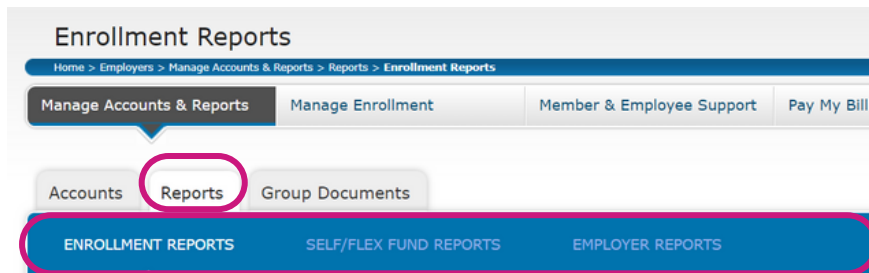


Manage Accounts & Reports Reports

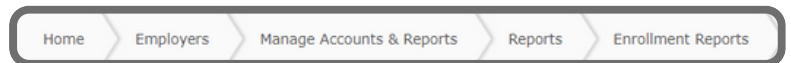
Reports



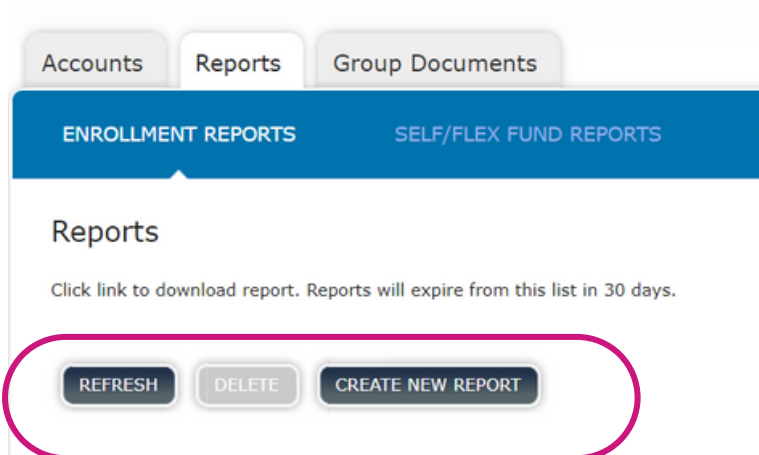
- On the Reports tab there are three options:
 - Enrollment Reports
 - Self/Flex Fund Reports
 - Employer Reports



Enrollment Reports



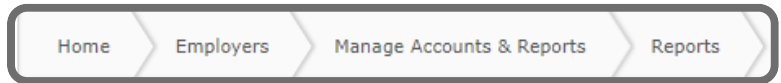
- Enrollment Reports
 - Refresh
 - Delete
 - Create New Report



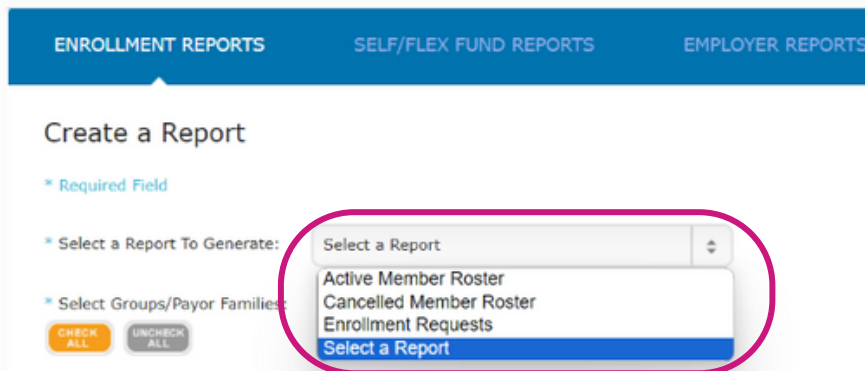
- Click on 'CREATE NEW REPORT' to begin

Manage Accounts & Reports Reports

Create a Report



- Select a report to generate from the drop down menu:
- Select Groups/Payor Families by checking desired boxes

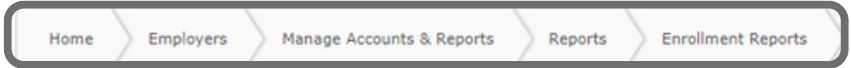


- Once you select a 'Report to Generate' a secondary box will open:
 - Select desired criteria for your report
 - Select Groups/Payor Families by checking desired boxes

Active Member Report Criteria

Manage Accounts & Reports Reports

Create a Report (continued)



Cancelled Member Roster Criteria

* Select a Report To Generate:

Cancelled Member Roster

► Provides a list of all cancelled Subscribers/Dependents within one or more selected Groups/Payor Families for a single Policyholder based upon a given date range.

- * Regions:
- Arizona
 - California
 - Oregon/Washington

- * Format:
- PDF
 - CSV

Run my report: Now On a recurring basis

* Reporting Period: From: To:

* Report Nickname:

Include Dependents:

Notify me when report available at:

- OOX: Group/Payor Families Name, INC.-697xxA
- OOX: Group/Payor Families Name, INC.-697xxB
- A123: Group/Payor Families Name, INC.-L700xxA
- A123: Group/Payor Families Name, INC.-L700xxB
- COBRA: Group/Payor Families Name, INC.-800xxA
- COBRA: Group/Payor Families Name, INC.-800xxB
- AB: Group/Payor Families Name, INC.-900xxA
- AB: Group/Payor Families Name, INC.-900xxB

Manage Accounts & Reports Reports

Create a Report (continued)

Enrollment Request Criteria



Select a Report To Generate:

iBilling Enrollment Requests
Provides a list of any enrollment transactions submitted by the user within iBilling by type (add, cancel, update, reinstate) for a given date range

Regions:
 Arizona
 California
 Oregon/Washington

Format:
 PDF CSV

Run my report:
 Now On a recurring basis

Date Range:
From: To:

Transaction Type:

Last Name:

Middle Initial:

First Name:

Social Security Number: - -

R#/Member Type:

Report Nickname:

Include Dependents:

Notify me when report available at:

Select Groups/Payor Families:

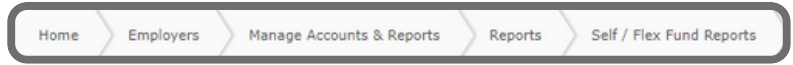
<input checked="" type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

- Once desired report choices are selected, click 'GENERATE REPORT' to complete



Manage Accounts & Reports Reports

Self/Flex Fund Reports



This only applies certain Self/Flex Funded clients. If this applies to you, contact your account executive for more information.

- Search Reports:
 - Self/Flex funded reports
 - Select a Report Type to see the list of reports of that type within the last 30 months.
 - To narrow your search, enter a date range.
 - When completed, click 'SEARCH'



Accounts | Reports | Group Documents

ENROLLMENT REPORTS | **SELF/FLEX FUND REPORTS** | EMPLOYER REPORTS

ASO/Flex Fund Reports

Download Recent Reports

No current reports found.

Search for Archived Reports

Select a Report Type to see a list of reports of that type within the last 30 months.
To narrow your search, enter a date range.

Report Type: -- Select --

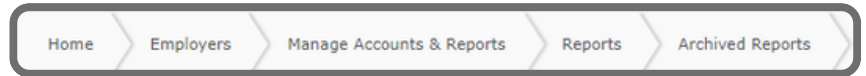
Date Range: -- Select --

CLEAR SEARCH

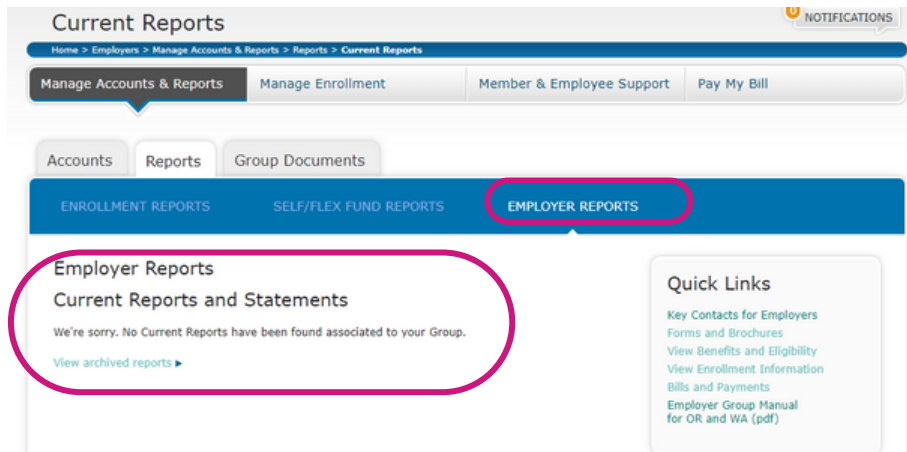
- Select --
- Medical Claims Analysis
- Prescription Drug Analysis
- Specific Stop Loss by Month
- Aggregate Stop Loss
- Accounting and Transfer
- Reconciliation
- Run Out Claims
- Behavioral Health Claims Analysis
- Payment Register
- Monthly Cost Summary
- Aggregate Limit
- Aggregate Percentage Notification
- Specific Limit Report
- Specific Percentage Notification
- Capitation Remittance Report
- Capitation Summary Report
- Behavioral Health Claims Analysis
- Reconciliation
- Specific Limit sReport

Manage Accounts & Reports Reports

Employer Reports

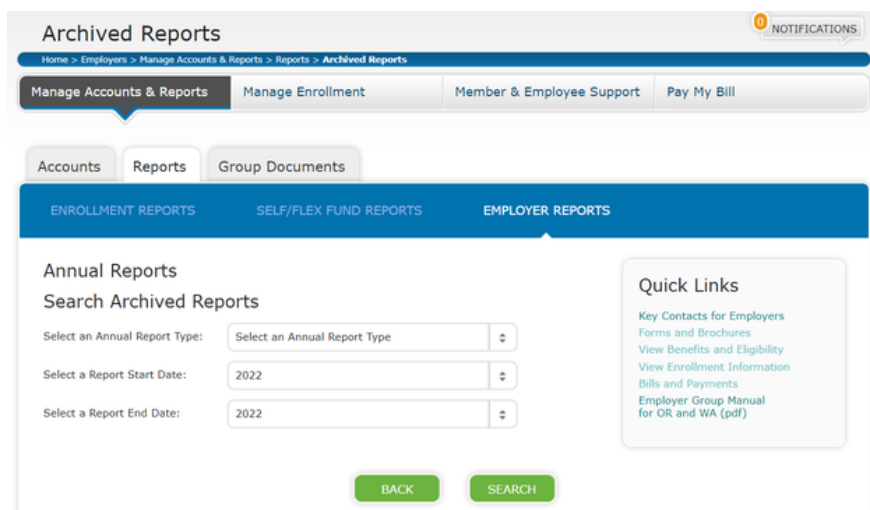


- Employer Reports
 - [Current Reports & Statements](#) (if any)
 - click '[View Archived Reports](#)' hyperlink to see archived reports



Archived Reports Screen

- Make desired selection criteria, click 'SEARCH'



Manage Accounts & Reports Reports

Group Documents

- Employer Group Search Results
 - By clicking the 'Get Group Service Agreement' link, you will see all of the available Group Service Agreement documents for the selected employer group.
 - To sort the results, click on a column header

Group Documents

Home > Employers > Manage Accounts & Reports > Group Documents

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support | Pay My Bill

Accounts | Reports | Group Documents

Get Group Documents

Employer Group Search Results

By clicking the "Get Group Service Agreement" link, you will see all of the available Group Service Agreement documents for the selected employer group.

To sort your results, click on a column header.

Showing 1- 10 of 19 Employer Groups Go to page 1 of 2

Group ID	Group Name	
R123xA	170xxA - Group Name	Get Group Service Agreement
R123xB	170xxB - Group Name	Get Group Service Agreement
R124xA	171xxA - Group Name	Get Group Service Agreement
R124xB	171xxB - Group Name	Get Group Service Agreement
R125xA	172xxA - Group Name	Get Group Service Agreement
R125xB	172xxB - Group Name	Get Group Service Agreement
R128xA	173xxA - Group Name	

Quick Links

- Key Contacts for Employers
- Forms and Brochures
- View Benefits and Eligibility
- View Enrollment Information
- Bills and Payments
- Employer Group Manual for OR and WA (pdf)

- You can view/print desired document

Archived Reports Screen

Get Group Service Agreement (GSA)

Download Group Service Agreement (GSA)

Click on the selected image to view the Group Service Agreement. If you cannot find the document you are looking for, please contact your **Health Net Account Representative**.

Policyholder Id: [redacted]
Policyholder Name: [redacted]
Group ID: [redacted]
Group Name: [redacted]

Showing 1 - 3 of 3 Available Documents

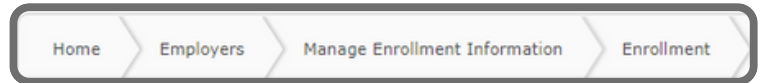
1

GSA Effective Date	
01/01/2022	View/Print
01/01/2020	View/Print
01/01/2018	View/Print

Don't see what you're looking for? Contact your Health Net account representative.

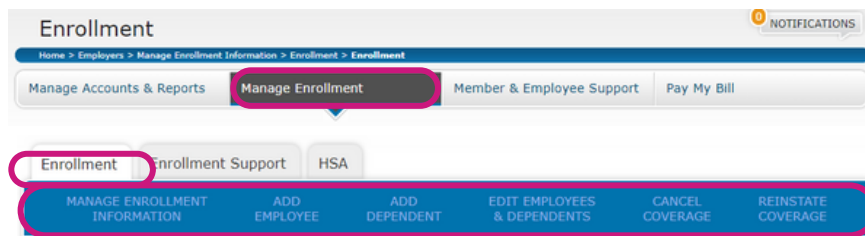
Manage Enrollment Enrollment

Enrollment



- When the **Manage Enrollment** tab is selected, it will automatically open to **Enrollment**, where you have the following options available:
 - Manage/View Enrollment Information
 - Add Employee
 - Add Dependent
 - Edit Employees & Dependents
 - Cancel Coverage
 - Reinstate Coverage

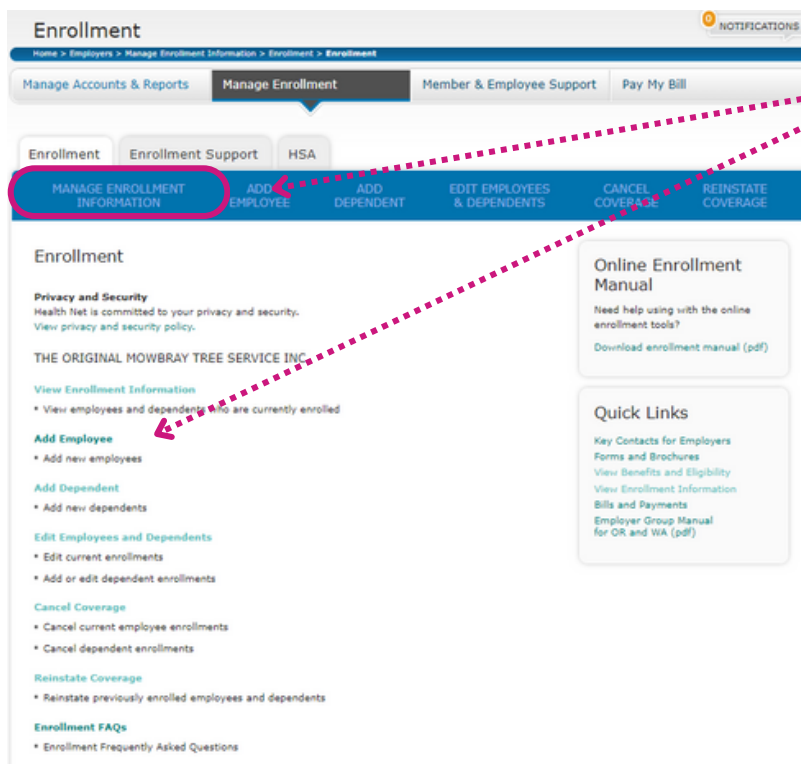
!
This menu reflects full and complete access. Some of the functionality might not be available, due to the access level granted by your administrator.



Manage Enrollment Information Tab

- From the My Dashboard page, or any page,
 - Click on the **Manage Enrollment Tab**

!
The same functionality can be accessed on each page in multiple ways. (Hyperlinks or sub tabs on page banners)



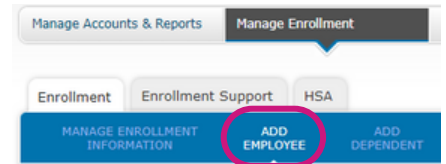
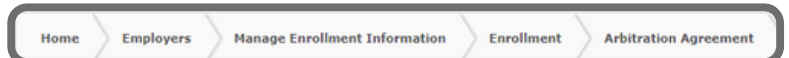
Manage Enrollment Enrollment

Add Employee

- When **Add Employee** subtab folder is selected, it will automatically open to "Arbitration Agreement"

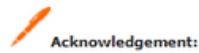
Arbitration Agreement

- When adding a new member/dependent:
 - After reading the Arbitration Agreement, you must do the following in order to continue.
 - Check the box to certify your understanding of the agreement
 - Type your name to electronically sign your application
 - Re-type your name to confirm
 - Click the 'I AGREE' button



BY CHECKING THE BOX AND ENTERING MY NAME BELOW, I AM INDICATING THAT I UNDERSTAND ALL AGREEMENTS, INCLUDING MY AGREEMENT TO SUBMIT DISPUTES TO BINDING ARBITRATION.

ELECTRONIC SIGNATURE



* By checking the box and entering my name below, I certify that I understand all agreements, including that I have received the enrollment application and verified that the member/applicant is eligible to enroll in coverage due to a qualifying event. In addition, I certify that I have the supporting document(s) which support the eligibility determination based on U.S. Department of Labor guidelines (see list of acceptable documents on the HealthCare Reform website). Further, I agree to submit the documents to Health Net upon request. Additional information about qualifying events is available here.

Please type your name in the spaces below to electronically sign your application:

* Last Name:

* First Name:

Please re-type your name in the spaces below to confirm your electronic signature:

* Last Name:

* First Name:

Date: 12/15/2023

ABOUT SSL CERTIFICATES

Once you click "I Agree", you will be able to continue enrolling your employee and any dependents they may have.

If you do not agree, click the "I Decline" button. Declining will prevent you from enrolling your employee.

Copy of Arbitration Agreement

Arbitration Agreement

I have before me a medical plan enrollment form signed by the employee whom I am enrolling. The form includes information containing special enrollment periods. The enrollment form also includes conditions for acceptance of coverage, including but not limited to Health Net's standard arbitration agreement (see below), or alternate arbitration language that Health Net has previously reviewed and approved. The arbitration agreement printed on the enrollment form has not been altered in any way. The original form signed by the employee will be maintained in our company files for legal verification purposes.

Special Enrollment Rights: If you decline coverage for yourself or an eligible dependent because of coverage under other health insurance and you lose that coverage, or, if you acquire a new dependent due to marriage, birth, adoption, or placement for adoption, you and your dependents may be eligible for special enrollment rights. You must request special enrollment rights within 30 days of the loss of coverage or acquisition of a new dependent.

Use and disclosure of personal health information: I acknowledge that health care providers may disclose health information about me or my dependents, including information regarding substance abuse, mental/emotional conditions, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) to Health Net. Health Net uses and may disclose this information for purposes of treatment, payment and health plan operations, including but not limited to utilization management, quality improvement, disease or case management programs.

Binding arbitration agreement: I understand and agree that any and all disputes or disagreements between me (including any of my enrolled family members or heirs or personal representatives) and Health Net and/or Health Net Life Insurance regarding the construction, interpretation, performance or breach of the Health Net Plan Contract, Insurance Policy, or Certificate, or regarding other matters related to or arising out of my Health Net and/or Health Net Life membership, whether stated in tort, contract or otherwise, and whether or not other parties such as health care providers, or their agents or employees, are also involved, must be submitted to final and binding arbitration in lieu of a jury or court trial. I understand that, by agreeing to submit all disputes to final and binding arbitration, all parties, including Health Net and/or Health Net Life, are giving up their constitutional right to the extent permitted by law to have their dispute decided in a court of law before a jury. I also understand that disputes that I may have with Health Net and/or Health Net Life involving claims for medical malpractice (that is, whether any medical services rendered were unnecessary or unauthorized or were improperly, negligently or incompetently rendered) are also subject to final and binding arbitration.

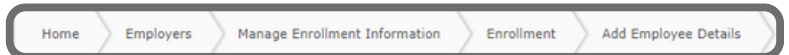
Effective July 1, 2002, Members who are enrolled in an employer's plan that is subject to ERISA, 29 U.S.C Section 1001 et seq., a federal law regulating benefit plans, are not required to submit disputes about certain "adverse benefit determinations" made by Health Net to mandatory binding arbitration. Under ERISA, an "adverse benefit determination" means a decision by Health Net to deny, reduce, terminate or not pay for all or part of a benefit. However, I and Health Net may voluntarily agree to arbitrate disputes about these "adverse benefit determinations" at the time the dispute arises. A more detailed arbitration provision is included in the Health Net Combined Contract and Evidence of Coverage and Health Net Life Policy or Certificate. All references to "Health Net" herein include the affiliates and subsidiaries of Health Net, Inc. which underwrites or administer the coverage to which this Enrollment applies.



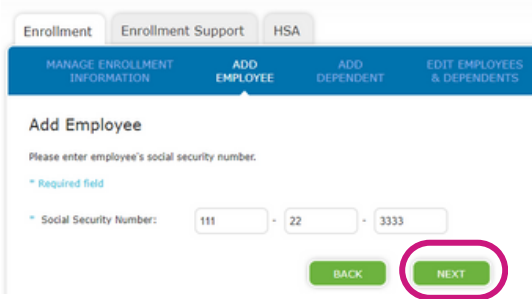
Manage Enrollment

Enrollment

Add Employee (continued)



- After completing the Arbitration agreement acknowledgment, you will progress to the multiple screens to enter the employee information.
 - Use the tab to navigate from field to field
 - After completing, click 'NEXT' to go to next employee information screen



New Employee Information

- Employee Social Security Number
- First Name
- Last Name
- Date of Birth
- Gender
- Address
- Home Phone Number
- Work Phone Number
- Primary Language
- Employee Information
 - Hire Date
 - Employee ID
 - Department Number
- Coverage Information
 - Qualifying event
 - Qualifying event date
 - Employee type
 - Type of Coverage
- Primary Care Physician Info
 - May use Dr. search feature
 - Group Name
 - Group Code
 - Physician Name
 - Physician Access Code
- Other Coverage

Add Employee

Please fill out the form below to add an employee.

NOTE: When adding an employee or dependent outside of an open enrollment event, the employee or dependent may be contacted for supporting paperwork.

* Required Field

Employee Details

Social Security Number: 111-22-3333

* First Name:

Middle Initial:

* Last Name:

* Date of Birth:
(mm/dd/yyyy)

* Gender: Male Female

* Address 1:

Address 2:

* City:

* State: Zip:

Home Phone Number:
(Format: 123-456-7890)

Work Phone Number:
(Format: 123-456-7890)

Primary Language:

Employment Information

* Hire Date:

Employee ID:

Department Number:

Coverage Information

* Qualifying Event:

* Qualifying Event Date:

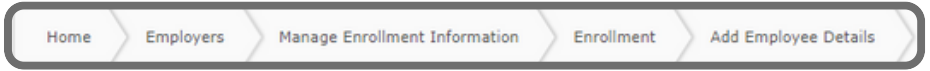
* Employee Type:

* Coverage Election Indicator: Medical Dental Vision



Manage Enrollment Enrollment

Add Employee (continued)



- Continue to enter the employee information:
 - Use the 'Doctor Search' link to select Physician or let Health Net assign one of our participating providers as the Primary Care, click 'Next'

Primary Care Physician Information
 (Use **Doctor Search** to select a physician or let Health Net assign one of our participating providers as your Primary Care Physician.)

Participating Provider Group Name:

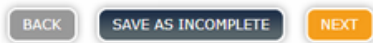
Participating Provider Group Code:

Physician Name:

Physician Access Code:

Other Coverage

Does employee have any other coverage? Yes No



!
 If this information is left blank, it could lead to processing delays as auto assignments would need to be done.

- The system will display all of the information that was entered.
 - Confirm the accuracy of the information on the screen.
 - Once completed, click 'Submit' button

Add Employee Details

Home > Employers > Manage Enrollment Information > Enrollment > Add Employee Details

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support

Enrollment | Enrollment Support | HSA

MANAGE ENROLLMENT INFORMATION | **ADD EMPLOYEE** | ADD DEPENDENT | EDIT EMPLOYEES & DEPENDENTS

Add Employee Verify Information

Please verify that your entries are correct.

Employee Details

Name:	First Last
Social Security Number:	111-22-3333
Date of Birth:	01/01/1980
Gender:	Male

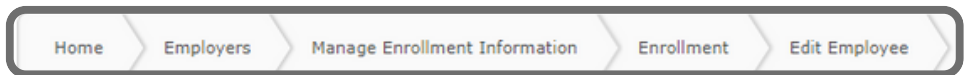
BACK | SAVE AS INCOMPLETE | **SUBMIT**

- New Employee Information**
- Employee Social Security Number
 - First Name
 - Last Name
 - Date of Birth
 - Gender
 - Address
 - Home Phone Number
 - Work Phone Number
 - Primary Language
 - Employee Information
 - Hire Date
 - Employee ID
 - Department Number
 - Coverage Information
 - Qualifying event
 - Qualifying event date
 - Employee type
 - Type of Coverage
 - Primary Care Physician Info
 - Group Name
 - Group Code
 - Physician Name
 - Physician Access Code
 - Other Coverage

Manage Enrollment

Enrollment

View Enrollment Records



- The system will now display a confirmation message.
- You can click on the 'Print Icon' to obtain a hard copy of this confirmation

MANAGE ENROLLMENT INFORMATION **ADD EMPLOYEE** **ADD DEPENDENT** **EDIT EMPLOYEES & DEPENDENTS**

Enrollment

Edit Employee

✓ Your request to add First Last has been successfully submitted on 12/18/2023, 03:47 PM CST.

[Return to "Enrollment" ▶](#)
Add a Dependent to this Employee ▶

Employee Details

Name:	First Last
Social Security Number:	111-22-3333
Reference Number - Member type:	-
Date of Birth:	01/01/1980
Gender:	Male
Address:	
Home Phone Number:	
Work Phone Number:	
Primary Language:	ENGLISH

Employment Information

Hire Date:	12/01/2023
Employee ID:	123456
Department Number:	000

Coverage Information

Qualifying Event:	New Hire
Qualifying Event Date:	12/01/2023
Medical Status:	Pending
Medical Product/Plan Type:	- CA-STANDARD GROUP BUSINESS
Medical Classification:	
Medical Coverage Effective Date:	02/01/2024

VERY IMPORTANT!!
If the employee is also covering a spouse and/or dependent(s)

- The user must click **“Add a Dependent“** to this **Employee’** button **BEFORE** navigating away from this screen.
- Failure to do so will lead to processing delays.
- The additional dependents can not be added for **2-7 business days.**

- If you are adding a dependent, and click the ‘Add a Dependent to this Employee’ button
- You will be taken to the next steps on page 31 to enter the dependent information.
- You will skip the ‘search primary employer’ step as the employee details will carry over into the dependent information from this screen

Manage Enrollment Enrollment

Add Dependent

- To add a dependent to an EXISTING employee, you will need to search for the Primary Subscriber's record.

Employee Search

- Perform the search by entering the employees, Social Security Number, Reference Number, or Last/First Name.
- Then click the 'SUBMIT' Button

!
The 'Employee Search' function on this page, will be referenced throughout the guide and will apply to many functions.

- This will show the Name, Social Security Number, Reference Number, Member Type, Status, and Coverage Plan Effective Period.
- Click on the 'View Details' button of the selected Employee.

Enrollment

Employee Search Results

Search Criteria: [edit](#) Reference Number:
Include Dependents Yes
Status All

Showing 1 - 1 of 1 records found

To make enrollment changes to existing employees or dependents, click on the corresponding View Details button.

Name	Social Security Number	Reference Number Member Type	Status	Coverage Plan Effective Period	View Details
			Active	11/01/2009- Current	

Copy Employee Details Screen

Employee Details

[Edit](#) [Cancel Coverage](#) [View History](#) [View Dependents](#) [Add Dependent](#)

Employee Details

Name:
Social Security Number:
Reference Number - Member Type:
Date of Birth:
Gender:
Address:
Home Phone Number:
Work Phone Number:
Primary Language:

Employment Information

Hire Date:
Employee ID:
Department Number:

Coverage Information

Medical Status:
Medical Group ID:
Medical Coverage Type:
Medical Group Name:
Medical Coverage Plan Effective Date: 01/01/2010
Medical Coverage Plan Cancellation Effective Date: Current
Medical Cancellation Reason: NONE

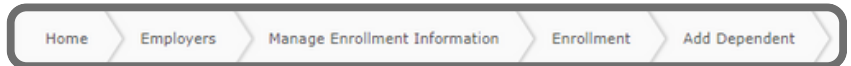
Primary Care Physician Information
(If no physician is selected, health plan will assign one)
Participating Provider Group Name:
Participating Provider Group Code:
Physician Name: Katherine B Bishara
Physician Access Code: 028036

- Once the Primary Subscriber's record is identified
 - Click on the 'Add Dependent' tab
 - This will take you to the Arbitration Agreement, where you must complete and acknowledge before you can proceed.
 - The Arbitration Agreement steps are explained in detail on page 27.

Manage Enrollment

Enrollment

Add Dependent (continued)



Once the Arbitration acknowledgement is completed:

- Click the 'Add Dependent' button
- The Employee Details screen will be displayed.
- Scroll down to the Dependent Details section, complete and click 'NEXT'

MANAGE ENROLLMENT INFORMATION **ADD EMPLOYEE** **ADD DEPENDENT** **EDIT EMPLOYEE & DEPENDENT**

Enrollment
Add Dependent
Please enter dependent's name and date of birth.
*Required Field

Employee Details

Name: First Last
Social Security Number: 111-22-3333
Reference Number - Member Type: -
Date of Birth: 01/01/1980
Address:
Medical Group ID: 69728A
Medical Coverage Type: CA-STANDARD GROUP BUSINESS
Medical Group Name:
Home Phone Number:

Dependent Details

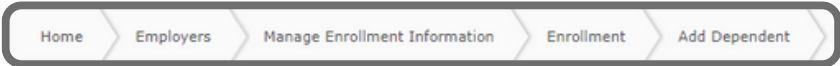
* First Name:
Middle Initial:
* Last Name:
* Date of Birth:
(mm/dd/yyyy)

Dependent Information

- First Name
- Middle Initial (if applicable)
- Last Name
- Date of Birth
- Dependent's Social Security Number
- Gender
- Address
- Phone Number
- Disabled Status
- Relationship to Employee
- Primary Language
- Coverage Information:
 - Qualifying Event
 - Qualifying Event Date
 - Coverage Election Indicator
- Other Coverage

Manage Enrollment Enrollment

Add Dependent (continued)



- Continue entering required information for the new dependent, click 'Next' when finished.

*** Date of Birth:** (mm/dd/yyyy)

*** Social Security Number:** - -

*** Gender:** Male Female

*** Address:** Same as Employee (shown above) Different from Employee (shown above)

*** Phone Number:** Same as Employee (shown above) Different from Employee (shown above)

*** Disabled Status:** No Yes

*** Relationship to Employee:**

Primary Language:

Coverage Information

*** Qualifying Event:**

*** Qualifying Event Date:**

*** Coverage Election Indicator:** Medical Dental Vision

Primary Care Physician Information
(Use [Doctor Search](#) to select a physician or let Health Net assign one of our participating providers as your Primary Care Physician.)

Participating Provider Group Name:

Participating Provider Group Code:

Physician Name:

Physician Access Code:

Other Coverage

Does dependent have any other coverage? Yes No

- ### Dependent Information
- First Name
 - Middle Initial (if applicable)
 - Last Name
 - Date of Birth
 - Dependent's Social Security Number
 - Gender
 - Address
 - Phone Number
 - Disabled Status
 - Relationship to Employee
 - Primary Language
 - Coverage Information:
 - Qualifying Event
 - Qualifying Event Date
 - Coverage Election Indicator
 - Other Coverage

!

Use the [Doctor Search](#) link to get the requested codes. If this information is left blank, it could lead to a processing delays as auto assignments would need to be done.

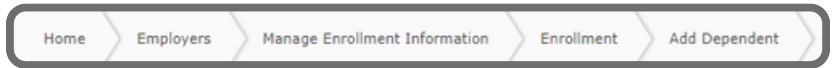
!

The system allows the form to be saved as incomplete if there is missing information. Simply click on the [Save as Incomplete](#) button

Manage Enrollment

Enrollment

Add Dependent (continued)



- All entered information will appear for review
 - Verify that all information is correct
 - Click 'Submit' to complete dependent enrollment

Enrollment

Add Dependent

Verify Information

Please verify that your entries are correct.

Employee Details

Name: First Last

Social Security Number: 111-22-3333

Reference Number - Member Type: -

Date of Birth: 01/01/1980

Address: [Redacted]

Medical Group ID: [Redacted]

Medical Coverage Type: CA-STANDARD GROUP BUSINESS

Medical Group Name: [Redacted]

Home Phone Number: [Redacted]

Dependent Details

Name: John Last

Social Security Number : 111- 22- 4444

Reference Number - Member Type: [Redacted]

Date of Birth: 01/01/2023

Gender: Male

Address: [Redacted]

Address same as Employee: Yes

Home Phone Number: [Redacted]

Home Phone same as Employee: Yes

Relationship to Employee: Child

Primary Language: ENGLISH

Disabled: No

Coverage Information

Status: [Redacted]

Qualifying Event: [Redacted]

Qualifying Event Date: 12/01/2023

Medical Group ID: [Redacted]

Medical Coverage Type: CA-STANDARD GROUP BUSINESS

Medical Group Name: [Redacted]

Medical Coverage Effective Date: 02/01/2024

Primary Care Physician Information

(if no physician is selected, Health Net will assign one)

Participating Provider Group Name: [Redacted]

Participating Provider Group Code: [Redacted]

Physician Name: [Redacted]

Physician Access Code: [Redacted]

BACK SAVE AS INCOMPLETE SUBMIT

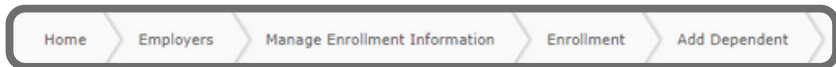
Dependent Information Required

- First Name
- Middle Initial (if applicable)
- Last Name
- Date of Birth
- Dependent's Social Security Number
- Gender
- Address
- Phone Number
- Disabled Status
- Relationship to Employee
- Primary Language
- Coverage Information:
 - Qualifying Event
 - Qualifying Event Date
 - Coverage Election Indicator
- Other Coverage

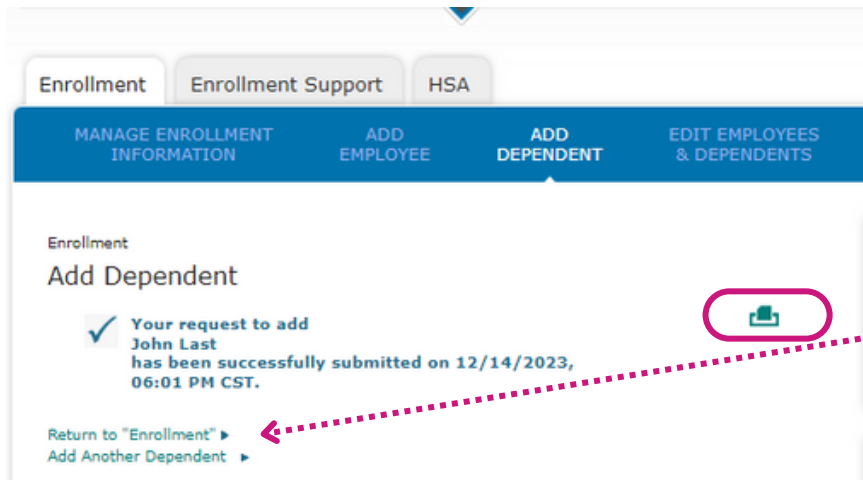
Manage Enrollment

Enrollment

Add Dependent (continued)



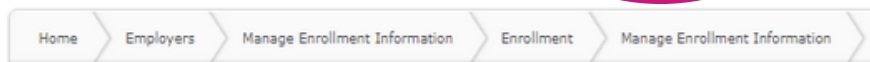
- Once submitted, the System will display a confirmation message.
- You may click on the 'Print icon' to obtain a hard-copy of this confirmation.



!

You may click to add another dependent to this employee (if applicable) or return to enrollment

Edit Employees & Dependents



- To edit existing employee and/or dependent information:
You must first:
 - 'Search for Primary Subscriber Record' (explained on page 31)

Once the employee record is identified, click the 'EDIT' button

- Select the field to be updated and enter the new information,
 - click 'Next'.
- Verify the updated information.
 - Click 'Submit'
- The system will display a confirmation message of success.



- You may click on the 'print icon' to obtain a hard-copy of this confirmation.

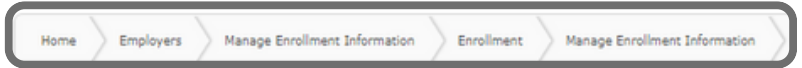
!

The Edit function allows users to change coverage, based on a qualifying event.

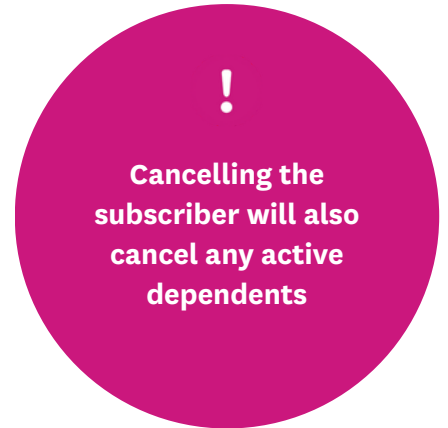
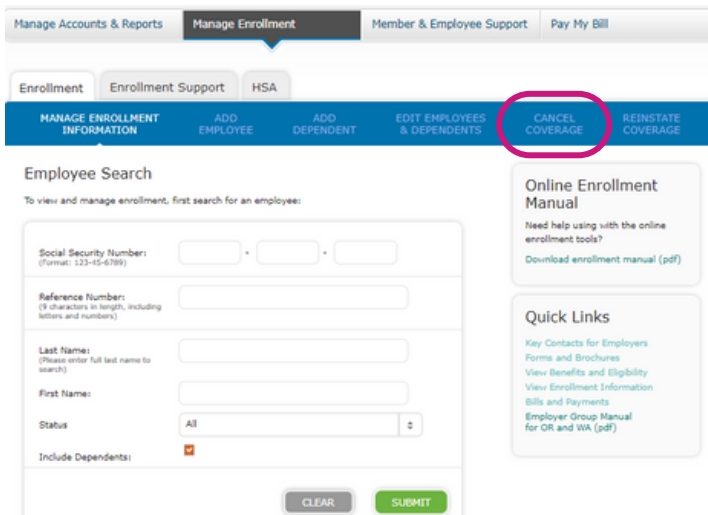
Manage Enrollment

Enrollment

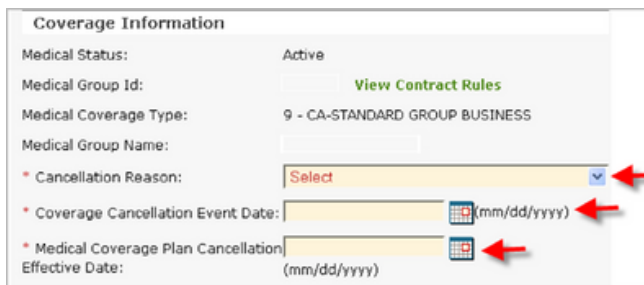
Cancel Coverage



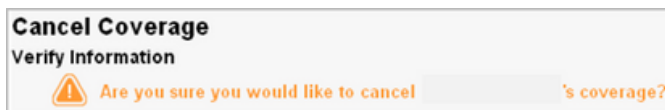
- When you click on the 'Cancel Coverage' tab, you will need to complete the Primary Subscriber Search function first.
- The details of performing the search are covered on page 31.



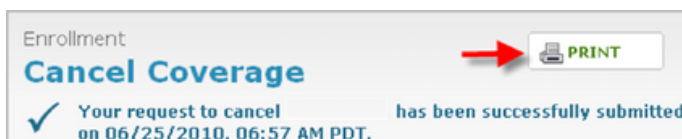
- Once the record to be cancelled is identified:
 - Scroll down to the Coverage Information section.
 - Select the Cancellation Reason & Coverage Cancellation Event Date.
 - The system will assign the cancellation effective date according to the contractual agreement.
 - Click 'Next'



- The following cancellation message will be displayed:

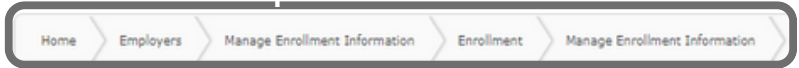


- Review & verify the details, click 'Submit' when finished.
- The following cancellation confirmation message is displayed:

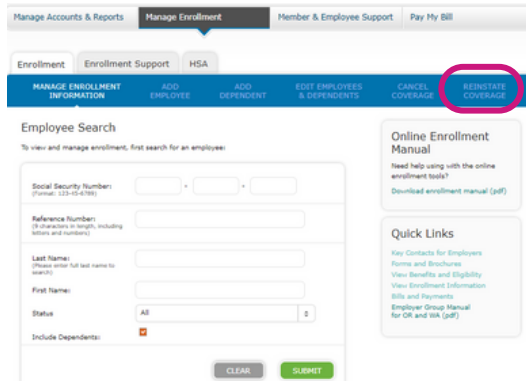


Manage Enrollment Enrollment

Reinstate Coverage



- When you click on the 'Reinstate Coverage' tab, you will need to complete the Primary Subscriber Search function first.
- The details of performing the search are covered on page 31.



- The Employee/subscriber details screen will appear indicating the Status and Effective date.
- Click on 'View Details'

Name	Social Security Number	Reference Number - Member Type	Status	Coverage Plan Effective Period
			Cancelled	

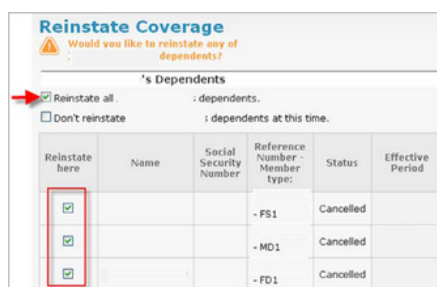
[View Details](#)

- If you want to reinstate a 'DEPENDENT ONLY'
- Select the desired dependent
- Click on 'View Details'

Name	Relationship	Date of Birth	Group Id	Coverage Type	Enrollment Status	Coverage Plan Effective Period
	Spouse			Medical	Active	01/01/2009 - Current
	Child			Medical	Cancelled	01/01/2009 - 02/28/2010
	Child			Medical	Active	01/01/2009 - Current
	Child			Medical	Cancelled	01/01/2009 - 01/31/2010

- Click on the 'Reinstate Coverage' Button
- The Arbitration Agreement will be displayed.
- Follow the steps to acknowledge the Arbitration agreement as shown on page 27.

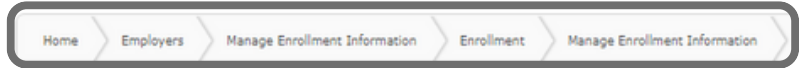
- Select if you would like to reinstate the dependents or not:
- Click 'Next'



Manage Enrollment

Enrollment

Reinstate Coverage (continued)



- The Employee Details Screen will be displayed.
 - Review each field and update as needed.

Form fields include: Social Security Number, First Name, Middle Initial (H), Last Name, Health Net ID - Person Code, Date of Birth (mm/dd/yyyy), Gender (Male/Female), Marital Status, Address 1, Address 2, City, State (CT), ZIP Code, Home Phone Number (Format: 123-456-7890), Work Phone Number (Format: 123-456-7890), Email Address, and Primary Language (ENGLISH).

!
In most cases, the system will assign the Medical Coverage Plan Effective Date according to the contractual agreement

- Confirm the Primary Care Physician information.
 - Indicate if member has other health coverage.
 - Click, 'Next'

Form fields include: Participating Provider Group Name, Participating Provider Group Code, Physician Name (Ingrid H Scharpf), Physician Access Code (015075), and Medical Prior Patient Flag (Yes/No). A red arrow points to the 'Yes' radio button.

!
The system will populate the physician information on record. This can be changed later. Also, you can indicate if the member is a prior patient of this physician.

- The system will trigger a confirmation on dependent information (i.e. medical prior coverage and verification on other coverage).
 - Review all the information entered and confirm accuracy.
 - Click 'Submit'

- The system will display the following confirmation message



!
Click on the 'print icon' to get a hard copy of the Reinstated coverage confirmation

Manage Enrollment

Enrollment Support

Home

Employers

Manage Enrollment Information

Enrollment Support

Enrollment Support - Frequently Asked Questions (FAQs)

- The Enrollment Support page is a list of 'Frequently Asked Questions' or FAQ's.
 - This page has questions and answers that have been grouped into 4 categories:
 - General
 - Enrollment Transactions
 - Reports
 - Message Center
 - Find the question you have, and click on the '+' sign to expand the box and read the answer to the question.

Enrollment Support

Home > Employers > Manage Enrollment Information > Enrollment Support

Manage Accounts & Reports | **Manage Enrollment** | Member & Employee Support

Enrollment | **Enrollment Support** | HSA

General | Enrollment Transactions | Reports | Message Center

General

+ WHAT CAN I DO WITH ONLINE ENROLLMENT?

Manage your employees and their dependents in one convenient place, by adding new employees and dependents, updating information, canceling employee and dependent coverage, and reinstating employees and dependents. You can also run reports on up to 24 months of history.

+ HOW DO I GET STARTED?

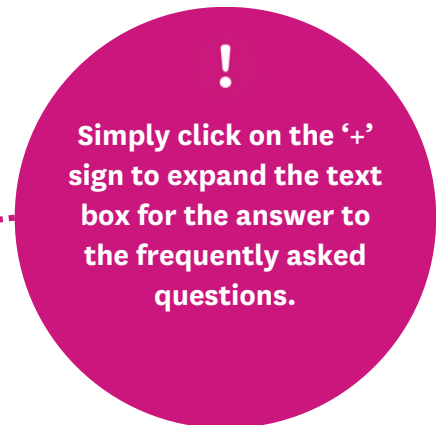
+ HOW DO I CHANGE A USER'S ACCESS PRIVILEGES?

+ CAN I BEGIN SUBMITTING ENROLLMENT REQUESTS IMMEDIATELY?

+ HOW LONG DOES IT TAKE FOR MY ENROLLMENT REQUEST TO BE PROCESSED?

+ CAN I SAVE MY ENROLLMENT REQUEST AND COME BACK TO IT LATER?

+ HOW DO I FIND AN ENROLLMENT REQUEST I SAVED?



Manage Enrollment HSA

Home

Employers

Manage Enrollment Information

HSA & HRA - FAQs

HSA - Frequently Asked Questions (FAQs)

- The HSA page is a list of 'Frequently Asked Questions' or FAQ's.
 - This page has questions and answers that have been grouped into 2 categories:
 - HSA - General
 - HSA - Bank of America
 - Find the question you have, and click on the '+' sign to expand the box and read the answer to the question.

Manage Accounts & Reports | Manage Enrollment | Member & Employee Support

Enrollment | Enrollment Support | HSA

HSA - General | HSA - Bank of America

HSA - General

+ WHAT IS A "QUALIFIED MEDICAL EXPENSE"?

- HOW DO HSAS WORK?

There are two basic parts to HSA: a health plan policy, often referred to as an HSA-qualified High Deductible Health Plan (HDHP) and a tax-advantaged savings account.

- High Deductible Health Plan (HDHP) - One key element of HSAs is the requirement that an HSA-qualified HDHP be in place to cover the individual or family that would benefit under such account. Such a policy provides important health care benefits, but with relatively modest premiums.
- Health Savings Account (HSA) - An HSA is a tax-advantaged savings account (under Code Section 223) that an individual or an employee may establish and put money into on a tax-advantaged basis to save for current and future qualifying medical expenses and to help them take charge of how their health care dollars are spent. Designed to work together with an HSA-eligible health plan, an HSA can be used to pay for qualified medical expenses such as doctor visits, prescriptions, and even some over-the-counter medications. The HSA is often referred to as a "medical 401(k)", because the account is owned by the individual or employee (it is not a group plan), earns tax free interest, rolls over from year to year, and moves with the employee wherever they go: to a new job, a change in health plans, or even in retirement.

+ CAN HSA FUNDS BE USED FOR EXPENSES OTHER THAN QUALIFIED MEDICAL EXPENSES?

+ HOW MUCH MONEY CAN BE CONTRIBUTED TO AN HSA?

+ WHAT KIND OF TAX SAVINGS ARE POSSIBLE WITH AN HSA?

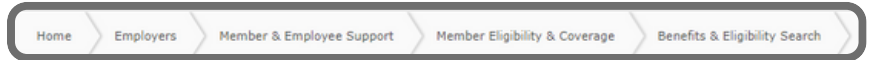


Simply click on the '+' sign to expand the text box for the answer to the frequently asked questions.

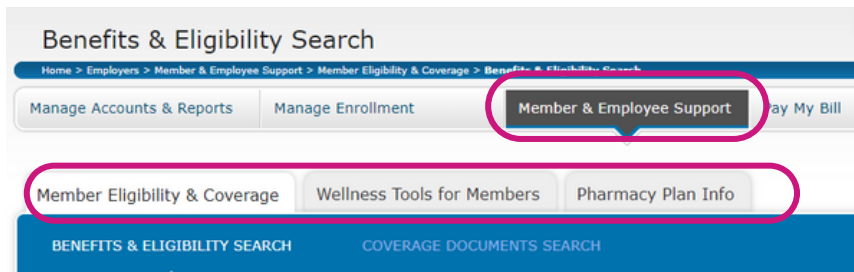
Member & Employee Support

Member Eligibility & Coverage

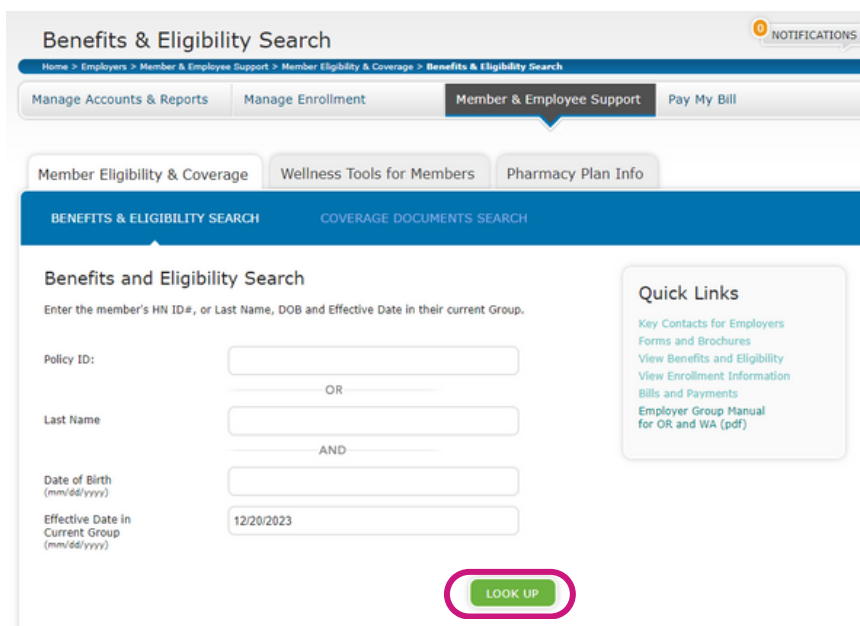
Benefits & Eligibility Coverage



- Under the 'Member & Employee Support' tab you will find 3 sub tabs:
 - Member Eligibility & Coverage
 - Wellness Tools for Members
 - Pharmacy Plan Info



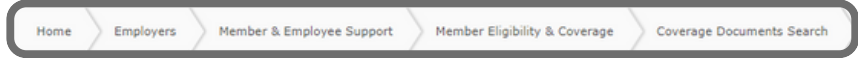
- When you select the 'Member & Employee Support' tab, it will automatically open to the 'Member Eligibility & Coverage' sub tab.
 - Enter the member's HN ID#, or Last Name and Effective Date in their current group.
 - Either the Policy ID or both Last Name and Date of Birth is required
 - Click 'Look up' button



Member & Employee Support

Member Eligibility & Coverage

Coverage Documents Search

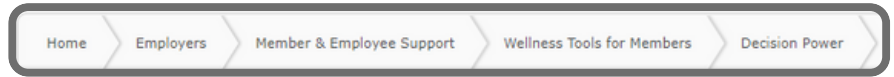


- To find a member's coverage documents, including the Evidence of Coverage (EOC):
 - Click on the 'Coverage Documents Search' heading.
 - Search by the member's name or subscriber ID
 - click 'Search'

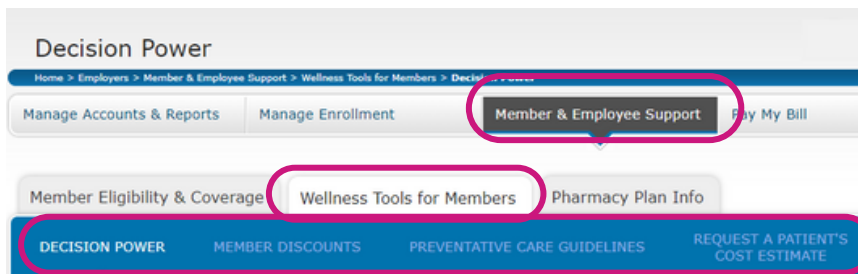
The screenshot shows the 'Member & Employee Support' section of the portal. Under the 'Member Eligibility & Coverage' sub-section, the 'COVERAGE DOCUMENTS SEARCH' option is highlighted with a red circle. Below this, the 'Coverage Documents Search' heading is followed by a brief instruction: 'Here's where you can find a member's coverage documents and including Evidence of Coverage (EOC). Just search by the member's name or subscriber ID to get started.' The 'Search for a Member' section contains a form with three input fields: 'Subscriber Number', 'Last Name', and 'First Name'. At the bottom of the form are 'RESET' and 'SEARCH' buttons, with the 'SEARCH' button highlighted by a red circle.

Member & Employee Support

Wellness Tools for Members

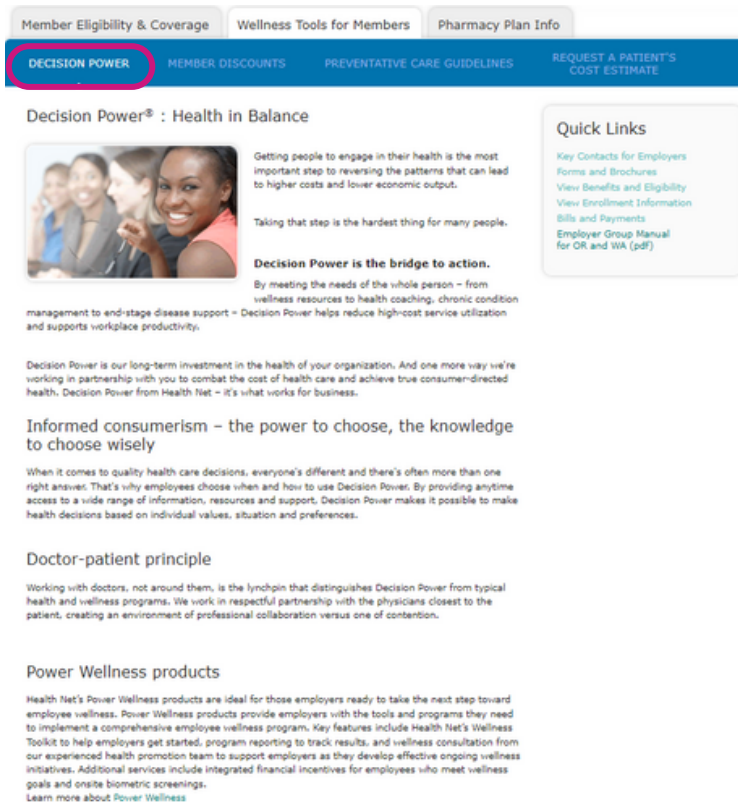


- When you click on the 'Wellness Tools for Members' This category has 4 sub headings:
 - Decision Power
 - Member Discounts
 - Preventative Care Guidelines
 - Request A Patient's Cost Estimate



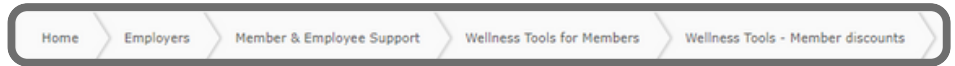
Decision Power

- The system will automatically open to first sub heading or 'Decision Power' page.
 - Here you will find wellness resources and information for your members.

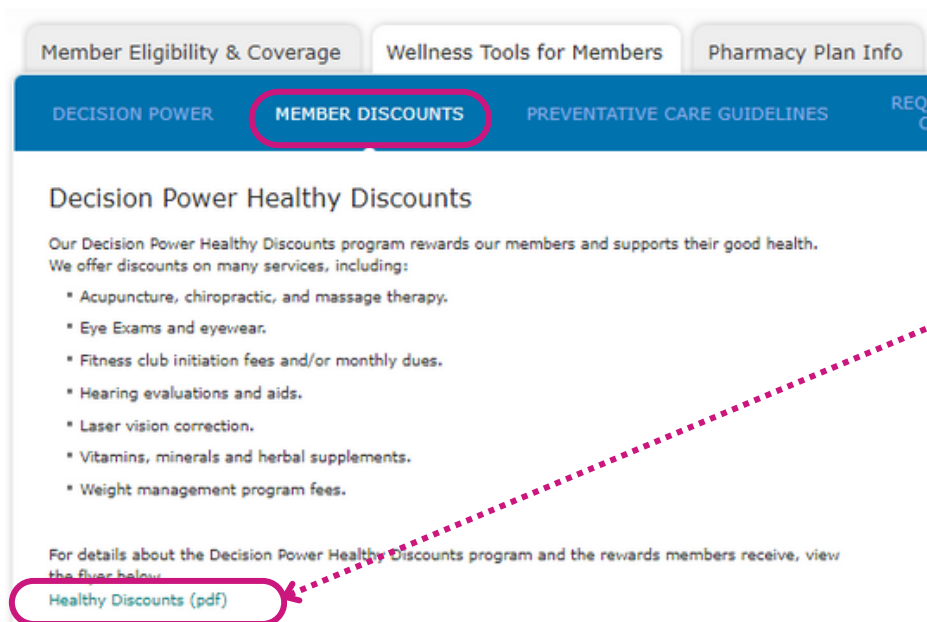


Member & Employee Support

Member Discounts

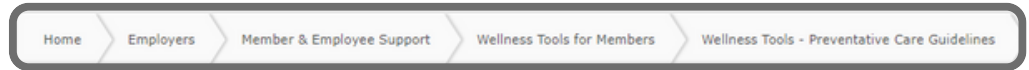


- Here you will find Decision Power Healthy Discounts program rewards for members and support their good health.
 - We offer discounts on many services, including:
 - Acupuncture, chiropractic, and massage therapy.
 - Eye Exams and eyewear.
 - Fitness club initiation fees and/or monthly dues.
 - Hearing evaluations and aids.
 - Laser vision correction.
 - Vitamins, minerals and herbal supplements.
 - Weight management program fees.
- For details about these programs and services, click on the 'Healthy Discounts' link on the bottom left to view the flyer.

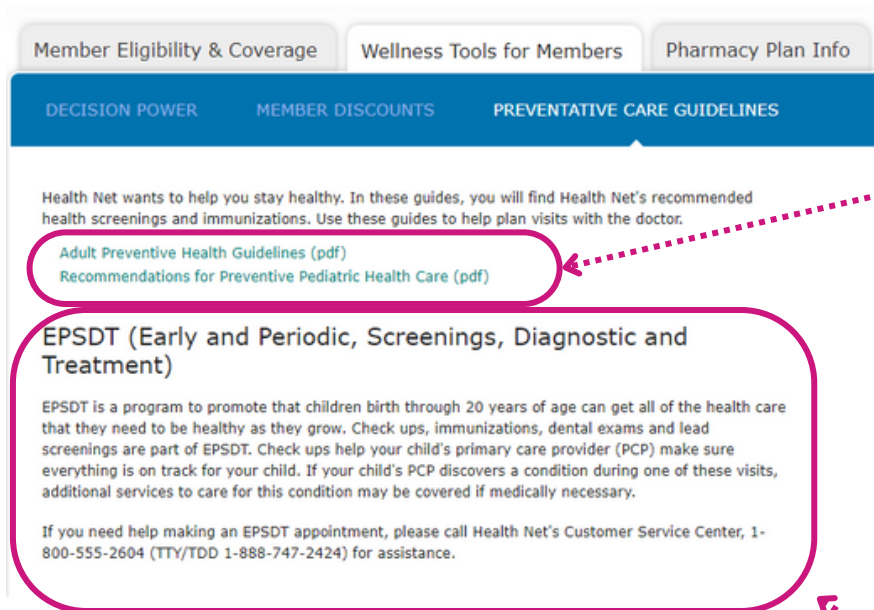


Member & Employee Support

Preventative Care Guidelines



- On this page, you will find Health Net’s recommended health screening and immunizations. Use these documents to help plan visits with the doctor.
 - Adult Preventative Health Guidelines (pdf)
 - Recommendations for Preventative Pediatric Health Care (pdf)



!

Adult Preventative Health Guidelines (pdf)

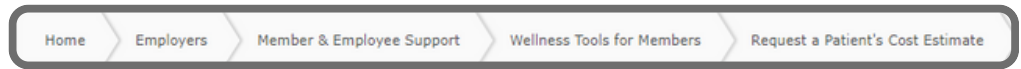
Recommendations for Preventative Pediatric Health Care (pdf)

!

EPSTD (Early and Periodic, Screenings, Diagnostic and Treatment) Information

Member & Employee Support

Request A Patient's Cost Estimate



- This tool may be used to obtain an estimate of patient costs prior to receiving certain medical procedures from In-Network or Out-of-Network physicians.
 - It will assist you by pre-populating information when possible and by ensuring all required information is gathered.
 - Obtaining an estimate is optional and not required by Health Net or by law.
 - If estimates are desired for more than one family member, please complete a separate form for each member.
- - To continue, click on the 'I AGREE' button

Member Eligibility & Coverage Wellness Tools for Members Pharmacy Plan Info

DECISION POWER MEMBER DISCOUNTS PREVENTATIVE CARE GUIDELINES **REQUEST A PATIENT'S COST ESTIMATE**

Request a Patient's Cost Estimate

This tool may be used to obtain an estimate of patient costs prior to receiving certain medical procedures from In-Network or Out-of-Network physicians. It will assist you by pre-populating information when possible and by ensuring all required information is gathered. Obtaining an estimate is optional and not required by Health Net or by law. If estimates are desired for more than one family member, please complete a separate form for each member. For benefit information, eligibility, general questions or to obtain an estimate by telephone, please contact our Customer Service Center at 1-888-802-7001, Monday - Friday, 7:30 a.m. - 5:00 p.m. (Pacific Standard Time).

Please read the following and click "I AGREE" to request a Patient's Cost Estimate.

The estimate Health Net will provide you is not a guarantee. Actual coverage, member costs, benefits and payment will be determined upon receipt of the claim and subject to various elements including but not limited to eligibility, benefits, payment policies, coding methodologies, specific diagnosis, any prior authorization requirements, the amount billed by the physician, etc.

In addition, other services that are medically necessary and appropriate as part of the common procedures may be provided as part of the overall diagnostic and/or treatment plan of which you or Health Net may not be aware at the time of this inquiry and for which the patient may have additional financial responsibility. The patient may also be responsible for costs of procedures or services not covered by their plan.

As a result, it is likely that the amount estimated will differ from the actual member cost if / when the procedures or services are performed.

If you have questions at any time or would like assistance with the estimate by telephone, please do not hesitate to contact our Customer Service Center at 1-888-802-7001, Monday-Friday, 7:30 a.m.-5:00 p.m. (Pacific Standard Time).

For treatment estimates related to Behavioral Health, please refer to the [Cost Estimator tool](#) offered on [members.mhn.com](#)

For OR users only

The toll-free telephone number of the consumer advocacy unit of the Department of Consumer and Business Services and the address for the department's consumer information and complaints website are noted below.

Department of Consumer & Business Services
Oregon Insurance Division
350 Winter Street NE, Room 440-2
Salem, OR 97301

1-888-677-4894

dcbs.mail@state.or.us or online at www.cbs.state.or.us/external/ins

I have read the disclaimer and understand the information provided by Health Net is an estimate only.

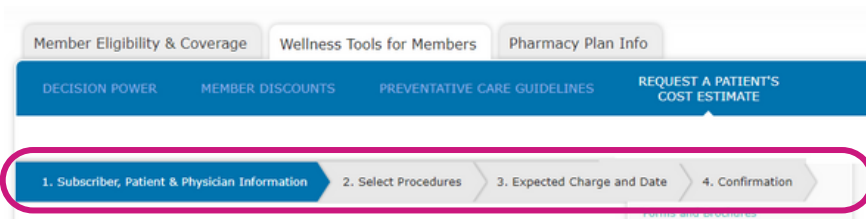
I AGREE

Member & Employee Support

Request A Patient's Cost Estimate (continued)



- A secondary screen will open, where you must complete the following 4 steps:
 1. Subscriber, Patient & Physician Information
 2. Select Procedures
 3. Expected Charge and Date
 4. Confirmation



- 1. Complete the Subscriber, Patient & Physician Information
 - Click 'Continue'

Request a Patient's Cost Estimate

STEP 1 OF 3: Enter Subscriber, Patient, and Physician Information

* Required Field

Subscriber and Patient Information

* Subscriber ID#: ?

* Subscriber Name:

* Patient Name:

Contact Information

* Contact Email Address:

* Contact Phone Number: (eg: 123-456-1234) - -

Physician Tax ID or Name

Provider Tax ID: (eg: 12-1234567) ?

* Physician's First Name:

Physician's Middle Initial:

* Physician's Last Name:

* Physician's Address:

* City:

* State: California ▾

* ZIP:

* Physician's Phone Number: (eg: 123-456-1234) - -

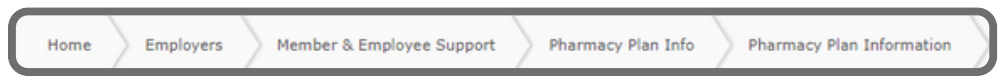
Physician's Email Address:

CONTINUE

- Complete the subsequent information (2. Select Procedures, 3. Expected Charge and Date, 4. Confirmation) screens
- Click 'Continue' after each section to continue.
- Your estimated cost be given when completed.

Member & Employee Support

Pharmacy Plan Info



- Pharmacy benefits vary according to each Health Net plan.
 - Click on the 'Pharmacy Plan Info' tab
 - This page has 4 interactive categories:
 - Drug Lists
 - Prior Authorizations
 - Pharmacy Resources
 - Making Prescriptions More Affordable
- - Click on the desired category and reference the information provided by clicking on the 'links' provided for each section.
 - These links will direct you to different screens, where you can find the desired information.

Manage Accounts & Reports | Manage Enrollment | **Member & Employee Support** | Pay My Bill

Member Eligibility & Coverage | Wellness Tools for Members | **Pharmacy Plan Info**

Pharmacy benefits vary according to each Health Net plan. Use this section of the website to learn about the following:

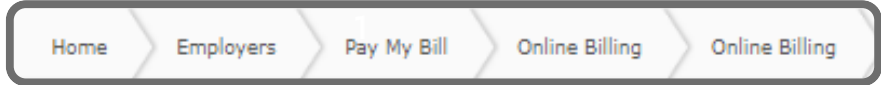
- Drug Lists**
Individual, Family and Group plans
Medicare Part D plans
- Prior Authorizations**
Individual, Family and Group plans
Medicare Part D plans
- Pharmacy Resources**
Pharmacy forms and brochures
Find a Pharmacy –
Individual, Family and Group plans
Medicare Part D plans
- Making Prescriptions More Affordable**
Mail order program overview
Generic drugs: safe and effective

Creditable Coverage Notification
Oregon (pdf)
Washington (pdf)

Quick Links
Key Contacts for Employers
Forms and Brochures
View Benefits and Eligibility
View Enrollment Information
Bills and Payments
Employer Group Manual for OR and WA (pdf)

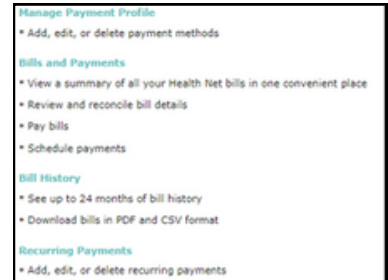
Pay My Bill

Online Billing



● The system will allow you to perform billing transactions from the Online Billing application. Some of these transactions are used to:

- Manage Payment Profile and Accounts
- View Bills and Payments
- Set up Recurring Payments
- View Billing History



Manage Payment Profile

- **Add Payment Method**
 - Click **Add Payment Method**
 - Type in **Account Nickname**
 - Select the **Type of Account**
 - Select the **Bank Account Type**
 - Type in the **Account Number**
 - Type in the **Routing Number**
 - Type in **Account Holder's Name**
 - Click **Continue**
- **Editing an Account**
 - Click **Edit**
 - Type in the new Nickname
 - Type in the new Account Holder's name
- **Deleting an Account**
 - Click **Delete**
 - Confirm by clicking **Delete** again

Bills and Payments

- The Bills and Payments screen displays the following:
 - Invoice Number
 - Date
 - Due Date
 - Premium Due
 - Payment Balance
 - Total Due

Invoice	Date	Due Date	Premium Due	Payment	Balance
	06/13/2013	07/01/2013	\$598.81		
				\$598.81	
					Posted: 02/01/2023 Payment Method: test (...6234)
Group Subtotal:			\$598.81	\$598.81	\$0.00

Pay My Bill

Bills and Payments (continued)

- Bills can be paid immediately or scheduled

The screenshot shows a payment interface with a total amount of \$1,636.89. There are three radio buttons: 'Pay' (unchecked), 'Now' (checked), and 'Later' (unchecked). Below these is an 'Edit' button and a 'Payment Amount' field containing '\$1,636.89'. A calendar icon is visible to the right of the 'Later' button.

- **Pay Bill Now**

- Select the **Now** option button

- **Schedule Payment**

- Select the **Later** option button
- Enter a date or select date from the calendar icon

- **Change Payment Amount**

- Select the **Edit** option button
- You will be directed to the Edit Payment Amount Screen (Review Adjustment Payment Options)

Review Adjustment Payment Options

- **3 Adjusted Payment Options**

- There are enrollment changes not reflected on the invoice
- There is a discrepancy with the premium rate
- You are paying with multiple payment methods

The screenshot shows the 'Edit Payment Amount' screen. It has a title 'Edit Payment Amount' and a sub-header '* Please specify a reason for changing your payment amount:'. Below this are three radio button options:

- There are enrollment changes not reflected on my invoice
- I have a discrepancy with my premium rate
- I am paying with multiple payment methods

- **Enrollment Changes Not Reflected On The Invoice**

- Select **There are enrollment changed not reflected on my invoice on my invoice** option
- Click **Continue**
- Select member
- Type in a comment justifying the adjustment and enter the amount being adjusted
- Indicate if the amount needs to be deducted or added (drop down list)
- Result: The system will add or deduct the amounts selected and reflected on the line **Item Adjustments Total field**, which will be factored in the Payment Amount
- Click the **Save** button

!

For either option, please make sure that the box to the right of Pay is also checked. Also, no edits can be made within 48 hours of a scheduled payment.

!

Payment amount adjustments do not effect premium due to balance until approved.

!

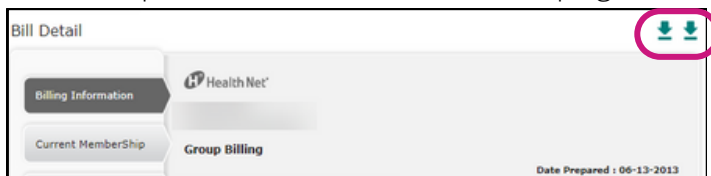
Contact your Account Representative for further information regarding billing adjustment policy and procedure.

Review Adjustment Payment Options (continued)

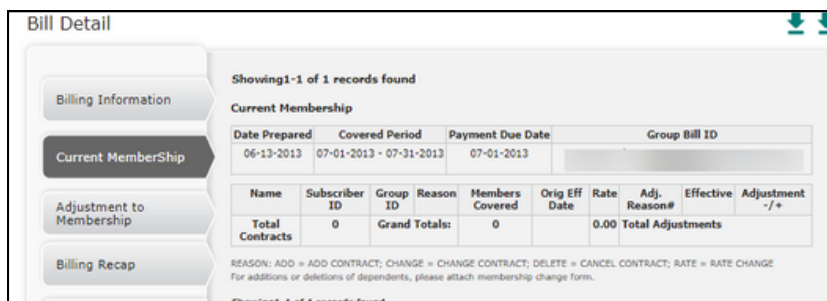
- **Discrepancy With Premium Rate**
 - Select the [I have a discrepancy with my premium rate](#) option
 - Click [Continue](#)
 - Enter the [Adjusted Payment Amount](#) (this is the total premium amount that you want to pay for the current invoice)
 - Type in the description of your adjustment in the [Comments](#) section (required)
 - Click [Save](#)
- **Paying with Multiple Payment Methods**
 - Select the [I am paying with multiple payment methods](#) option
 - Click [Continue](#)
 - Enter the [Adjusted Payment Amount](#) (this is the total premium amount that you want to pay for the current invoice)
 - Type in the description of your adjustment in the [Comments](#) section (required)
 - Click [Save](#)

Viewing the Invoice

- The left navigation tab allows for the following details to be viewed when viewing an invoice.
 - **Billing Information**
 - **Current Membership**
 - **Adjustment to Membership**
 - **Billing Recap**
 - **Membership Changes**
- **Billing Information**
 - Click [View Invoice](#) to preview the invoice
 - Can be exported as XLS file or PDF on the top right corner

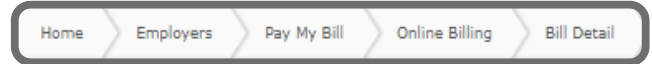


- **Current Membership**
 - To view the [Current Membership](#) section, click on the tab located on the left of the screen.



Pay My Bill

Viewing the Invoice (continued)



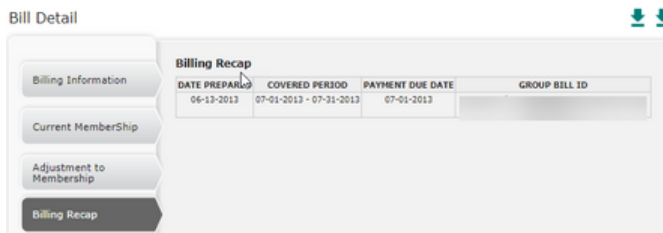
● Adjustment to Membership

- To view the **Adjustment to Membership** section, click on the tab located on the left of the screen.



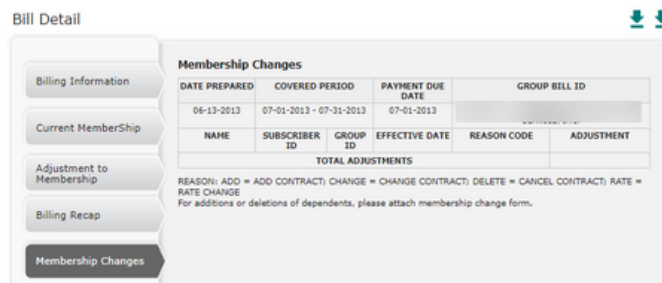
● Billing Recap

- To view the **Billing Recap** section, click on the tab located on the left of the screen.



● Membership Changes

- To view the **Membership Changes** section, click on the tab located on the left of the screen.



Set Up Recurring Payments

- To set up **Recurring Payments**, perform the following steps:
 - Select **Recurring Payments**
 - Click **Add Recurring Payment**
 - Select the **Payment Method**
 - Select the **Payment Date**
 - Indicate if you would like to be notified (via e-mail) if the premium exceeds a particular amount, then select the amount
 - Select the groups to apply recurring payment for
 - Click **Continue**
 - After verifying your information, click **Submit**
 - The system will display a confirmation message



Pay My Bill

Set Up Recurring Payments (continued)

The screenshot shows a web interface for setting up recurring payments. At the top, there are navigation tabs: 'Online Billing' and 'Billing Support'. Below these are four main menu items: 'VIEW BILLS & PAYMENTS', 'MANAGE PAYMENT PROFILE & ACCOUNTS', 'SET UP RECURRING PAYMENTS' (which is highlighted), and 'VIEW BILL HISTORY'. The main content area is titled 'Set Up a Recurring Payments' and contains a form with the following elements:

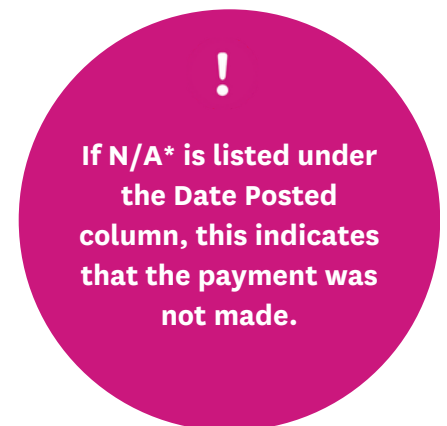
- Add a Recurring Payment**: A section with the instruction 'Please select the payment method you would like to use for your recurring payment.' and a 'Required field' label.
- Payment Method**: A dropdown menu with the text 'Select a Payment Method'.
- Payment Date**: A dropdown menu with the text '1st of each month'.
- Note**: A note stating: '*NOTE: For months with fewer days than the Payment Date specified, the payment will be made on the last day of the month.'
- Email Preference**: A checkbox labeled 'Please email me if any group premium in this recurring payment exceeds' followed by a dropdown menu set to 'None'.
- Group Selection**: A checkbox labeled 'Check the group(s) for this recurring payment' with two buttons: 'CHECK ALL' and 'CHECK NONE'.
- Navigation**: Two green buttons at the bottom: 'PREVIOUS' and 'CONTINUE'.

On the right side of the form, there are two informational boxes:

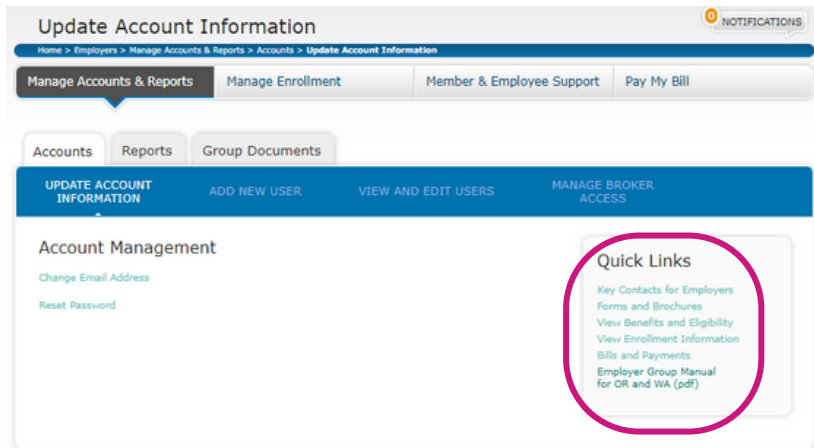
- Online Billing Manual**: Contains the text 'Need help using with the online billing tools?' and a link 'Download manual (pdf)'.
- Quick Links**: Lists several links: 'Key Contacts for Employers', 'Forms and Brochures', 'View Benefits and Eligibility', 'View Enrollment Information', 'Bills and Payments', and 'Employer Group Manual for OR and WA (pdf)'.

View Billing History

- Click on the **Bill History** option
- Select the range
- Select the group number(s)
- Click **Continue**
- **Result:** The system will display a listing of all the invoices within the date range you selected. The Group ID, Invoice Number, Due Date, Payment Amount, and Date Posted information will be displayed.
- Click the **Invoice Number** to retrieve the invoice



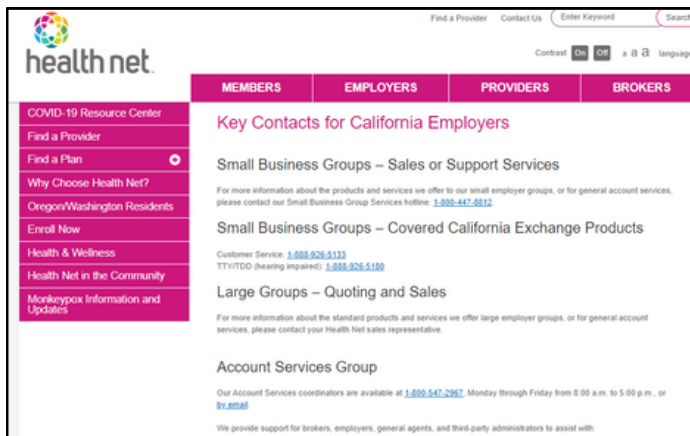
Quick Links



- The Quick Links widget on the right side of each page can be used to navigate to commonly visited items.

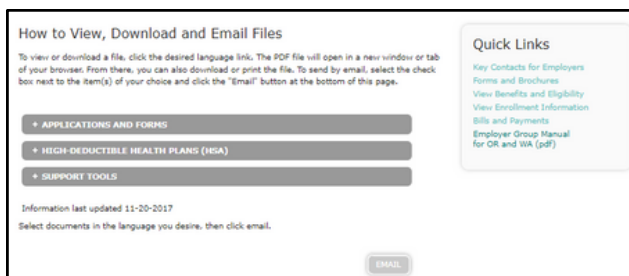
Key Contacts for Employers

Directs to Key Contacts for California Employers on Health Net Employer website



Forms and Brochures

Variety of files, forms, and documents to download or email. Click the plus sign to expand each list of items.



Quick Links (continued)

View Benefits and Eligibility

Tool to view benefits and eligibility by using Policy ID or member's name.

The screenshot shows a web form titled "Benefits and Eligibility Search". At the top, it says "Enter the member's HIN ID#, or Last Name, DOB and Effective Date in their current Group." Below this are four input fields: "Policy ID:", "Last Name", "Date of Birth (mm/dd/yyyy)", and "Effective Date in Current Group (mm/dd/yyyy)". The "Effective Date" field contains the value "1/3/2024". Between the "Policy ID" and "Last Name" fields is an "OR" label, and between the "Last Name" and "Date of Birth" fields is an "AND" label. At the bottom right of the form is a green "LOOK UP" button. To the right of the form is a "Quick Links" sidebar with the following items: "Key Contacts for Employers", "Forms and Brochures", "View Benefits and Eligibility", "View Enrollment Information", "Bills and Payments", and "Employer Group Manual for OR and WA (pdf)".

View Enrollment Information

The screenshot shows the "Manage Enrollment" section of the Employer Portal. At the top, there are navigation tabs: "Manage Accounts & Reports", "Manage Enrollment" (selected), "Member & Employee Support", and "Pay My Bill". Below these are sub-tabs: "Enrollment", "Enrollment Support", and "HSA". A blue navigation bar contains several options: "MANAGE ENROLLMENT INFORMATION", "ADD EMPLOYEE", "ADD DEPENDENT", "EDIT EMPLOYEES & DEPENDENTS", "CANCEL COVERAGE", and "REINSTATE COVERAGE". The main content area is titled "Employee Search" and includes the instruction "To view and manage enrollment, first search for an employee:". Below this are several input fields: "Social Security Number: (Format: 123-45-6789)", "Reference Number: (30 characters in length, including letters and numbers)", "Last Name: (Please enter full last name to search)", "First Name:", "Status: All", and "Include Dependents: ". At the bottom are "CLEAR" and "SUBMIT" buttons. To the right is an "Online Enrollment Manual" section with the text "Need help using with the online enrollment tools?" and a link "Download enrollment manual (pdf)". Below that is another "Quick Links" sidebar with the same items as the first screenshot.

Bills and Payments

Refer to page 50.